

## **Bedlam revisited: A history of Bethlem hospital 1634-1770.**

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**Queen Mary and Westfield College  
London University**

**PhD Thesis**

**BEDLAM REVISITED: A HISTORY OF BETHLEM  
HOSPITAL c1634-~~1~~1770**



**By**

**Jonathan Andrews**

**Submitted in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
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## **Abstract**

This thesis takes issue with a polemical historiography of Bethlem which has tended to view the hospital as a nadir in the history of psychiatry, and to accept, too uncritically, the distorted metaphor of 'Bedlam' for the reality. It argues that there was not the radical equivalency that some historians have posited between animalistic conceptions of the insane and the actual practices and policies pursued at early modern Bethlem. Nor was this paradigm of madness the only one prevailing in the classical period, Bethlem patients also being regarded (e.g.) as 'objects of charity', requiring both mental and bodily relief. Rather than 'brutalized', it is sustained, the inmates of Bethlem were being managed and maintained, although inadequately and inefficiently. What modern commentators have disparaged as maltreatment and squalor at Bethlem, was not merely the result of an attitude to the mad as brutes, but was also the result of a lack of resources and a failure to measure up to the ideals of provision. Furthermore, it is demonstrated that the squalor and brutality of Bethlem was neither as extreme, nor as undifferentiated, as has been alleged.

The hospital is located comprehensively within the context of contemporary provision for the sick and insane poor, Bethlem having too often been portrayed as if a separate island of sequestered madness. Rather than describing an immutable monolith of tradition and apathy, significant areas of evolution and innovation in the care and treatment of the insane at the hospital are delineated. Uniquely exposed to public scrutiny, the environment of Bethlem was subject, more than that of any other contemporary hospital, to powerful external forces of arbitration. A particular focus of the analysis entails the complex interactions between the hospital's administrators and inhabitants, and the public at large. Inter-relations between Bethlem's visitors, staff and patients, and between the insane and those who supported and committed them, have especially suffered from simplistic interpretations, and from a general ignorance with the hospital's own records and with the records of other administrative and juridical bodies dealing with the poor insane. A major preoccupation of this survey has been to contribute greater nuance and balance to standard readings of responses to the insane, both within and without the hospital.

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## Abbreviations Employed In This Thesis

<i>AR</i>	Annual Register
<i>BAA</i>	Bethlem Auditors' Accounts
<i>BAR</i>	Bethlem Admission Registers
<i>BIAR</i>	Bethlem Incurables' Admission Registers
<i>BCGM</i>	Bethlem Court of Governors Minutes
<i>BGCM</i>	Bethlem Grand Committee Minutes
<i>BRH</i>	Bethlem Royal Hospital, Monks Orchard Road, Eden Park, Beckenham, Kent
<i>BRHA</i>	Bethlem Royal Hospital Archives (at above address)
<i>BSCM</i>	Bethlem Sub/Weekly/Monthly Committee Minutes (Including Bethlem Curable & Incurable Committee Minutes)
<i>BSA</i>	Bethlem Steward's Accounts
<i>BSB</i>	Bethlem Salaries Book
<i>BwellGCM</i>	Bridewell General Committee Minutes
<i>CA Rep.</i>	Court of Aldermen Repertories
<i>CGJ</i>	The Covent Garden Journal
<i>Citizen</i>	The Citizen Of The World
<i>CLRO</i>	Corporation of London Records Office, Guildhall
<i>CSPD</i>	Calendar of State Papers Domestic
<i>CUP</i>	Cambridge University Press
<i>DNB</i>	Dictionary of National Biography
<i>GCCM</i>	Guy's Hospital Court of Committee Minutes
<i>Ghall</i>	Guildhall Library, London
<i>GM</i>	The Gentleman's Magazine
<i>LEP</i>	The London Evening Post
<i>OUP</i>	Oxford University Press
<i>P.C.C</i>	Prerogative Court of Canterbury
<i>PCR</i>	Privy Council Registers
<i>PRO</i>	Public Records Office, Chancery Lane, London
<i>PRO Kew</i>	Public Records Office, Kew Gardens
<i>SLGCM</i>	St. Luke's Hospital General Committee Minutes
<i>SLHCM</i>	St. Luke's House Committee Minutes
<i>SM</i>	London Sessions Minutes
<i>SP</i>	State Papers Domestic

## Chapter 1

### Introduction: The Historiography of Bethlem

As the only public institution for the insane in early modern England for over three hundred years, Bethlehem or Bethlem Hospital (popularly known as Bedlam) occupied an unrivalled place at centre stage for contemporaries when conceptualising and responding to madness in all its Protean forms. Bethlem was not simply imagined by contemporaries of course, but being located in the very heart of the city, with its doors laid open in welcome to the visiting public, the hospital and its inmates were seen and experienced at first hand by all and sundry (at the expense of a measly donation). Bethlem was unique in that it was the only place in England where the insane might be, and indeed were invited to be, viewed en masse. Confrontations with the inmates of Bethlem, whether actual, or via the medium of the written or spoken word, exerted a profound influence on the way people thought about madness. The extent of Bethlem's monopoly of all things mad is reflected by the mounting volume of popular literature in this period dedicated to it, or which made some allusion to it. Bethlem the place, and moreover Bedlam the idea, served as a universal metaphor for the chaos, pandemonium, loss of control, barbarism, animality and atavism, that madness was held to represent, possessed of a semantic force which has endured, if palely, in modern usage of the expression to describe confusion and uproar. 'Bedlam' came to attach itself as a generic term to describe any madhouse (or to lampoon and indict any atmosphere as resembling a madhouse), while 'Bedlamite' served to designate anyone as mad.

For these and other reasons, Bethlem has been of unparalleled importance for the early modern history of madness. Disproportionately so, some historians would argue, given the small numbers of the insane the hospital catered for, and given that the majority of the insane were dealt with in rather different ways. Indeed, the grandiose palatial structure of new Bethlem at Moorfields, which, by the end of the eighteenth century was to house around three hundred patients, had grown from very humble beginnings. Founded at Bishopsgate in 1247 as the Priory of the Order of St. Mary of Bethlehem (hospitallers, who left their most lasting mark on the hospital's crest of arms), the hospital was catering for only six men '*mente capti*' (or 'deprived of reason') by 1403. Although enduring physically intact through the dissolution of the monasteries, its modest size and means seem to have been reflected in the way it was tagged onto the end of a 1547 charter of Henry VIII granting its custody to the City, as something of an after-thought. Bethlem was subsequently managed briefly and abortively by the Governors of Christ's Hospital, before it was subsumed under the governing board of Bridewell, London's prototypical house of correction, in 1557. This board was to continue to administer both institutions (although not without interference from the City and the Crown), until the launch of the National Health

Service and Bethlem's union with the Maudsley Hospital, in 1948. Still housing only twenty or thirty inmates by the beginning of the period under consideration, it was not until the spectacular rebuilding of the hospital in 1675-6 at Moorfields, and the extensions to the building over the next century, that Bethlem truly assumed its national and international notoriety, and the visits and attention paid to it by the public reached their peak.

Scarcely a single psychiatric history has not made some reference to the paradigm of insanity as encapsulated by England's oldest mental hospital. Despite this considerable welter of historiography, however, historians have remained remarkably ignorant of the evolution of the hospital, the way it functioned, the service it provided for its patrons, clients and patients, and the kinds of policies it pursued towards the insane. Indeed, modern accounts have tended towards the view that no evolution actually took place at Bethlem, that for the duration of the period the hospital remained essentially unchanged. Although historians may question the representativeness of Bethlem as a measure of contemporary treatment of the insane; or, more validly, how much administrative sources may tell us about the mad as unadministered entities, the lack of balance in historians' views of the hospital is not the result of their 'over-reliance on...[the] institutional records...of...Bethlem'<sup>1</sup>. Quite the reverse, historians have shamefully neglected to consult the hospital's archives, but have relied for their accounts instead on the welter of popular literature and, as Rushton correctly observed, whatever other printed material was more readily available<sup>2</sup>. To this date, only two monographs have been devoted to its history. The first, O'Donoghue's *The Story of Bethlehem Hospital*, published with the outbreak of the First World War, while still remaining valuable as an index of sources for the hospital's history, is outdated and severely limited in its approach, and has been overly relied upon by succeeding historians<sup>3</sup>. Deeply coloured by subjectivity arising out of the author's intimate relationship with the hospital as its chaplain; most patently manifest in O'Donoghue's use of the possessive noun to describe 'our hospital', and in his disdainful disregard for the experiences of those confined in Bethlem as religious enthusiasts; O'Donoghue's account is also severely flawed in its failure to do more than dip into the administrative minutes of the hospital, filling in the gaps by a rather uncritical reliance on literary reportage, whimsy, anecdote and supposition, content

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<sup>1</sup> Peter Rushton, 'Lunatics and idiots: mental disability, the community, and the Poor Law in North-East England, 1600-1800', in *Med. Hist.*, vol. 32, 34-50; 34.

<sup>2</sup> As the archivist herself, Patricia Alderidge, recently complained. See Alderidge, 'Bedlam: fact or fantasy?', in W. F. Bynum, Roy Porter & Michael Shepherd *The Anatomy of Madness: Essays in the History of Psychiatry* (London and New York, Tavistock, 1985-88), 3 vols, vol. II (1985), 17-33.

<sup>3</sup> Edward G. O'Donoghue, *The Story of Bethlehem Hospital from its Foundation in 1247* (London, Fisher & Unwin, 1914).

to 'be interesting' rather than analytical<sup>4</sup>. O'Donoghue's treatment of the eighteenth century hospital was handicapped, in addition, by the misconception that 'the Bethlem committees have left no minutes of their proceedings', when, in fact, committee minutes survive in abundance (although by no means as a complete series), from 1709<sup>5</sup>. Masters' *Bedlam* did little more than re-hash O'Donoghue, depending for extra detail on xeroxes of the notes taken by the present hospital's archivist<sup>6</sup>.

An effort to understand the pervasive metaphor of Bedlam is crucial in order to grasp the hospital's meaning in the popular imagination, yet this has also distorted that meaning for later generations. Bethlem invited aspersion and criticism from the public by its very openness, as an environment so blatantly exposed to the public view, and by its very uniqueness as a receptacle for the madnesses of the nation. When contemporaries toured and described Bethlem they were not merely reporting what they saw. Bethlem was a mirror for the ills and madnesses of society, in an increasingly secularised setting, its inmates a didactic spectacle of the dangers of excess. As a result, Bethlem's history has been profoundly polemized, historians too myopically viewing the hospital through the lens of contemporary polemic. I am not seeking to repudiate the validity behind the literary reportage of the time; merely to suggest that it has been exaggerated, and not sufficiently reconciled with the more objective documentary evidence available from the hospital's own records; and with the accounts left by the other administrative and juridical bodies, and by those parish officers, families and private individuals, who actually committed and supported the inmates of Bethlem.

As a point of reference in psychiatric history Bethlem has remained something of a nadir. Paradigmatically, Bethlem has been seen as epitomising the brutalising of the insane, a conception of the mad as unruly animals who required taming, by intimidation, threats and beating, a conception which on its own has been posited as a justification and explanation for the allegedly appalling conditions in which the mad were kept there, and the allegedly cruel ways in which they were treated. It was the very animalism attributed to madness by contemporaries,

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<sup>4</sup> O'Donoghue found early <sup>modern</sup> English handwriting a problem, & was obliged to depend on a précis, made by A. J. Copeland, then Treasurer of the united hospitals, of the Court Minutes from the 16th century to the 19th century. In fact, his renditions of the Minutes contain many inaccuracies, often conveying the sense, rather than reproducing the text verbatim. According to O'Donoghue, 'men like [Richard] Farnham', the blasphemer & bigamist, discharged after a brief spell in the hospital during 1638, 'should have been shut up in Bethlem till their dangerous period was past'; the published prophecies of Lady Eleanor Davies, who was in Bethlem in 1637-8, were simply 'incoherent' and proofs 'that her malady was incurable' See *Ibid*, esp. 108, 25, 132, 152 3, 170-71, 173, 186, 240-2.

<sup>5</sup> *Ibid*, 240.

<sup>6</sup> A. Masters, *Bedlam* (London, Michael Joseph, 1972).



its shocking inversion and contradiction of normalcy and natural law, its freakishness and wild abandon of every rational faculty of constraint, or so we are told, which sustained the practice of public visiting at the hospital, turning the mad into spectacles of popular curiosity, wonder, fear and entertainment. Bethlem has commonly been portrayed 'less as a hospital than as a kind of human zoo'<sup>7</sup>. The straw, squalor, chains, rationing and 'shock' therapies that the mad were subjected to at Bethlem have all been endowed with an internal logic in accordance with this model. While much of this analysis continues to be persuasive, I shall be more interested here in delineating other dimensions to the paradigm of Bethlem.

Scandal has been a spectre that has clung constantly to the walls of Bethlem. From the 1632-3 Royal Commission enquiry into the hospital and the malpractices of the eponymous Helkiah Crooke, in which the sins of the medieval masters of Bethlem came home to roost in revelations of absenteeism, neglect and embezzlement of funds; to the 1815-16 House of Commons Select Committee on Madhouses investigation, where asylum reformers had a field-day, taking the lid off the hospital, exposing individual cases of barbaric treatment and general conditions of neglect, abuse and therapeutic stagnation; the mud of ill-repute has stuck firmly to Bethlem. While it is not my intention merely to gloss over the scandals of Bethlem as its governors strove in vain to do for so long, I have set the parameters of this study within the time-frame 1634-1770 partially to avoid simply re-writing the scandal sheet that accounts of Bethlem have so often entailed. 1634 marks the demise of the hospital's old-style keeper-physicianship; the establishment of a three-pronged medical regime which was to endure for the remainder of the period, and what Alderidge has correctly identified as the most appropriate dividing line between the medieval and early modern administration of the hospital<sup>8</sup>. 1770 marks the most radical curtailment (although not the absolute end) of public visiting at Bethlem, bringing what has long been portrayed by historians as the most scandalous aspect of the hospital's past to a conclusion that satisfied elite sensibilities, but was not, as I shall be illustrating in the next chapter, without decidedly negative ramifications for those under confinement, and for their friends and relations. The thesis is, nevertheless, framed only loosely within the chronological delimiters set out in the title, out of a commitment to treating the hospital as a continuum, rather than as a phenomenon which begins and ends at any given time. Bethlem's history has for too long been locked within stasis, portrayed as a suspended animation of 'the prevailing

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<sup>7</sup> Michael V. Deporte, *Nightmares & Hobbyhorses: Swift, Sterne, and Augustan Ideas of Madness* (San Marino, California: Huntingdon Library, 1974), 3. Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London, Routledge, 1989), 60.

<sup>8</sup> Patricia Alderidge, 'Management and mismanagement at Bedlam, 1547-1633', in Charles Webster (ed.), *Health, medicine and mortality in the sixteenth century* (Cambridge, CUP, 1979), 143-64.

paradigm of insanity'<sup>9</sup>, and in order to galvanise the analysis it has been necessary to explore the hospital's evolution within the broadest possible framework.

Public visiting, as the most distinctive aspect of the hospital's history and the single aspect that has received most attention from historians and which was indeed so formative of the character and environment of the institution, shall be the starting point for this survey. Despite the attention this custom has received, historians have been remarkably imprecise and misinformed in their notions about the way it was conducted, bandying about the numbers involved as evidence of the hospital's abandonment to chaos; generalising, often inaccurately, about the behaviour, motives and composition of visitors themselves; and unaware of the rules and regulations gradually imposed upon the practice by the governing board. Thus, chapter 2 will begin by analysing the mounting frequency of visiting in this period, and the seasonal fluctuations, which explain a great deal about the specific and developing nature of the attendant problems facing the hospital, and about the dynamics which impelled the demise of visiting. Visiting the insane has been perceived as the organised, or even 'glorified', exhibition of scandal'<sup>10</sup>, visitors as motivated by the calls of curiosity, entertainment, and every form of viciousness under the sun, and informed by an attitude to the mad as freaks of nature. Yet showing the insane was also an exhortation, while spectacle was fundamental to the classical conception of charity, and it was on these grounds that visitors had originally been, and continued to be courted by the hospital's governors. While confirming that the majority of Bethlem's audience was in search of diversion, and often at the patients' expense, this chapter will endeavour to restore nuance to cynical and blanket interpretations of visitor's motives and responses when viewing the insane, and will delineate vital areas of continuity in attitudes to the mad, which somewhat belie the sharpness of the rupture which the abandonment of visiting has been deemed to constitute. The final sections will examine the limited, but meaningful, attempts by the Governors to regulate the practice of visiting, and the complex interactions that gave rise to these initiatives. They will outline more positive sides to the openness of the hospital's environment, and some of the drawbacks entailed in the exclusion of the public and the increasing isolation of patients from the outside world.

Bethlem has been exemplary of the view that 'the madman in confinement was treated

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<sup>9</sup> Andrew T. Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London, Allen Lane, 1979), 64-6.

<sup>10</sup> Michel Foucault, *Folie et Dérason: Histoire de la Folie à L'Age Classique* (Paris, Librairie Plon, 1961); trans & abridged by Richard Howard as *Madness and Civilisation: A History of Insanity in the Age of Reason* (New York, Random House, 1965), 66-70.

no better than a beast'<sup>11</sup>, and chapter 3, which examines the environment and architecture of Bethlem, and the management of its patient population, argues that this assessment represents a considerable distortion. Beginning with an examination of the clothing and bedding provided for patients; the standards of cleanliness maintained at the hospital; its provision of light, air and heat; diet and exercise, I shall argue that the traditional image of the naked, filthy, frost-bitten Bedlamite, picking straws in his darkened cell, has been overdone. There were significant gradations of creature comforts available to patients at early modern Bethlem, while both the hospital and patients' friends and parishes showed considerable responsibility in furnishing their charges with necessities. Failures to issue patients with the barest necessities of life were not merely a result of the neglect of the hospital's administration or the peculation of staff; nor, moreover, of a view of the insane as wild animals who had no call for such comforts. As I shall demonstrate they were also the result of a failure to meet up to the ideals of provision; the failure of obligors to fulfil the obligations of their bonds, and a simple lack of available resources. While patients were undoubtedly half-starved at the beginning of the period, the prevailing conviction in a lowering diet was only a marginal cause of this circumstance, and, it will be argued, meliorations in patients' diet, clothing and bedding, were amongst the major improvements in inmates' quality of life over the course of the period. While restraint was clearly in widespread use at early modern Bethlem, in marked contrast to the treatment of the insane in the localities, where it served more often as an emergency measure, my analysis reveals that it was neither the standard issue that some historians have portrayed it as, nor part of an indiscriminate policy of intimidation. The penultimate section, on the influence of the hospital's tenants on the environment, further suggests (beyond the arbitration of its visiting public and patrons), how negotiated an entity Bethlem was, and yet how protective the Governors could be of patients' interests and how rarely revenues from rents were given precedence over patients' welfare. The chapter concludes with a discussion of segregation at Bethlem and its deficiencies, describes how low-key such arrangements were prior to the Restoration, how a welter of abuses continued to reside under the surface of increasing endeavours to instill propriety, but suggests that patients were probably better off as a result.

Chapter 4 examines the medical regime at Bethlem, which has tended to be viewed by historians as cloyed in conservatism, negligence and apathy, content to apply the same antique stock of antiphlogistic medicaments and therapies throughout the period, indiscriminately and without review or refinement, or simply to have 'abandoned' 'the [hospital's] inmates ..to their fate'<sup>12</sup>. While confirming much of the broader thrust of this assessment, it shall be maintained

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<sup>11</sup> Scull, *Museums*, 64.

<sup>12</sup> Scull, *Museums*, 75.

that the development and practice of therapeutics at Bethlem presents a much more textured picture than historians have recognised. Highlighting the nature of medical appointments, patronage, salaries, conditions of service and attendance, there; the visiting, honorary capacity in which medical officers were hired shall be emphasised and medical attendance at Bethlem placed more squarely in the context of standards set at other contemporary hospitals. Rather than the absentees that the medical staff of Bethlem have so often been portrayed as, I shall demonstrate that they actually attended the hospital energetically, given the part-time basis on which they served. On the other hand, their attendance at Bridewell and the prosperous private practice that the Physicians, in particular, enjoyed, meant that affairs at Bethlem received an inferior attention to that many other general hospitals appear to have enjoyed, while the Governors set themselves stubbornly against moves to supplement staffing at the hospital. Turning to medical practice at Bethlem, and focusing *inter alia* on the introduction of cold bathing; the conduct of post-mortem examinations; the appointment of a nurse for the 'physically' sick; the embracing of an innovative and extensive responsibility for the after-care of patients; and the establishment of infirmaries, it shall be argued that Bethlem was in many ways at the forefront of advances in the care of the sick prior to the mid-eighteenth century. While partially corroborating the customary impression of an indiscriminate and unprogressive system of medication at Bethlem, this chapter also reveals a significant degree of modification and adjustment in the 'physicking' of patients over the course of the period. Concluding with an account of the hide-bound reaction of Bethlem and its medical regime to the challenges represented by the founding of St. Luke's, and the publicised criticisms of the hospital's brand of therapeutics by the St. Luke's Physician, William Battie, I shall also delineate substantial areas of continuity and agreement between the two institutions. I shall indicate how much St. Luke's owed to Bethlem, and shall maintain that historical treatment of the Battie-Monro controversy has been selectively prejudiced in favour of the former, and failed adequately to take into account the limited practical ramifications of the differences between the two medical regimes.

The service tendered by Bethlem's ancillary staff is the subject of chapter 5. A good deal of the explanation for the poor quality of the attendance of the hospital's inferior officers and servants, shall emerge from my opening examination of their recruitment, status and wages. Yet this section shall <sup>also</sup> reveal how neglected a dimension of institutional life these areas have remained, and how much they can tell us about the nature of hospital patronage and management; and shall underline the gradations and evolution in the social composition of staff and just what sort of a pecking order prevailed at the hospital. There will follow an analysis of the grossly deficient staff:patient ratio at Bethlem, although mollified by setting it in relief of staffing elsewhere. A sketch of the manifold and multiplying duties of staff, will be counterpointed by a

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discussion of the realities of their attendance and general conduct, substantiating, once more, a far richer tapestry to staff:patient relations than has been reflected by glib and cursory accounts which have amounted to little more than a catalogue of abuses. While not seeking to deny that the record of Bethlem's ancillary staff does indeed present a dossier of misdemeanour upon misdemeanour, I demonstrate that there are more interesting ways to examine the interactions in the underworld of the early modern asylum. Furthermore, as my penultimate section on 'Keeping Order' at the hospital illustrates, the cruelty and brutishness that has so proverbially and uniformly been associated with Bethlem staff, is certainly in need of further revision and qualification.

Despite the significance of Bethlem to our conceptions of the treatment of the insane in the classical age, historians' knowledge of the methods by which patients were admitted, discharged and supported, at the hospital has been severely limited, and my final chapter shall endeavour to address this deficiency, by analysing more thoroughly the dynamics of committal and exclusion, operating both within, and outside, Bethlem. The hospital's patient population has generally been seen as an undifferentiated mass of paupers, and the opening sections of this chapter will examine the social and economic character of patients and those who maintained them, and trace considerable heterogeneity in their composition, below and above the poverty line; and will delineate a vital area of privilege attached to the reception and continuance of patients in Bethlem. An analysis of patients' settlements, while illustrating how profoundly Bethlem constituted a city institution, serving a predominantly metropolitan clientele, will also reveal the widening, national dimensions of the hospital's catchment area, particularly after its rebuilding at Moorfields, and how prepared many outlying families and parishes were to afford the extra expense of sending their disordered members to London. This chapter will stress the complexity and intensity of the process of bartering by which the insane were provided for at Bethlem, but also the gradual narrowing down of these areas of negotiation, as the hospital's governors and officers assumed an increasing competence over patients' lives and the conduct of administration, and as the hospital refined its procedures, narrowing and more stringently imposing its boundaries of exclusion. An examination of the developing diagnostic and administrative methods by which the hospital distinguished between 'proper' and 'improper Objects' of the charity, will emphasise the peculiar flux of early differentiations; how a lack of space at Bethlem and an increasing prioritisation of 'dangerous' and 'curable' cases, contributed a considerable degree of tolerance to the Bethlem Court of Governors' dealings with the insane, and yet how this tolerance abated in the face of recidivists, and moreover, over the course of time. I shall demonstrate that: far from the 'wholly new' discovery of the moral managers of the late eighteenth century,<sup>13</sup>

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<sup>13</sup> E.g. Scull, *Museums*, 64-5 & 72.

cure remained a vital object of the admission of patients to Bethlem throughout the period; was increasingly manifest as the hospital extended its efforts to discriminate between the curable and the incurable insane and was regularly emphasised as an aim by patients' families and friends, and the other boards and institutions that initiated patients' committal. On the other hand, it will be objected that the major and pervasive priority at Bethlem continued to be that of security; the reception of those cases deemed 'dangerous to themselves or others'. An analysis of what the threat of the insane entailed, and what 'dangerous' actually meant to contemporaries, will investigate more deeply the rationales behind the identification and incarceration of deviants in this period, indicating how profoundly the 'danger' of the insane was subject to social, political and cultural, arbitration, with special attention paid to government detainees, whose internment was liable to be the most highly politicised of all. Michael Macdonald has observed how 'obscure' the effects of ideological shifts on the development of asylums, during this period, have remained; more especially, the effects of the rupture entailed by the elite's repudiation of popular religion and of demonological interpretations of insanity, as irrational<sup>14</sup>. While the records of Bethlem throw only limited light on this debate, the next passage will be devoted to a further discussion of the secularisation of lunacy at Bethlem and the mounting numbers of religious enthusiasts appearing amongst its patient population. I will conclude by examining the results of admissions to Bethlem, set against the evidence of parish records as to the before-life and after-life of patients. This analysis will demonstrate *inter alia* that while Bethlem claimed to cure over  $\frac{2}{3}$  of its patients and did indeed adhere with mounting rigour to a policy of rapid turnover, discharging the vast majority, its apparently favourable results were largely cosmetic; the result of a rigid policy of exclusion and the manicuring of the official statistics of annual reports; and that very few of those cases traceable back to their parishes were discharged completely recovered, sustained their remissions, or were able to resume ordinary lives and livelihoods.

One of the greatest limitations of the current historiography of Bethlem has been its failure to locate the hospital adequately within the context of alternative provision for the poor insane in this period, and within the context of contemporaneous developments at other metropolitan institutions which dealt with the sick poor. Bethlem has instead been depicted as an island of conservatism in the face of rival initiatives, and an important concern of this study will be to restore some of the lost context to the policies and practices pursued at the hospital. O'Donoghue misguidedly elected to examine Bethlem and Bridewell in distinction, almost as

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<sup>14</sup> Michael Macdonald, 'Insanity and the realities of history in early modern England', in R. M. Murray & T. H. Turner (eds), *Lectures on the History of Psychiatry. The Squibb Series* (London, Gaskell/The Royal College of Psychiatrists, 1990), 60-77.

if entirely separate entities, rather than as a union managed by the same governors<sup>15</sup>. This methodological madness has partially been 'mirrored by historians who have followed his account, and failed to appreciate the extent of the symbiosis in the Governors' policies towards both institutions; how Bethlem only haltingly emerged from the neglect it suffered, prior to 1676, as the inferior member of the partnership; and the significant areas of interaction between the patrons, staff, clients and inmates, of either house, which shall also constitute a sustained focus of this analysis. Bethlem and Bridewell were commonly mentioned in the same breath by contemporaries, and while the propinquity of their relation in the public imagination led to confusion on the part of benefactors, the hospitals' administration also fell prey to overlaps in its system of financing, and to a substantial blurring in its differentiation between vice and madness. Lack of space and my own special interests in the social, medical and environmental, underworld of the institution, and its patient population, has dictated the omission of a separate, concerted analysis of the composition and influence of the Bethlem's governors and benefactors. Instead, I have striven to acknowledge and comment on the significance of these matters at intervals throughout the body of the text.

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<sup>15</sup> See Edward G. O'Donoghue, *Bridewell Hospital, Palace, Prison Schools from the Earliest Times to the End of the Reign of Elizabeth* (London, Bodley Head, 1923).

## Chapter 2

### Visiting

#### Introduction

In delineating the scandalous environment of Bethlem the public visiting of its patients has standardly been portrayed by historians as the greatest scandal of all. It has now become almost a historical platitude to exemplify the brutalising of the insane in the classical period by describing how Bethlem's patients were exhibited, teased, ridiculed, provoked, abused, and otherwise subjected to the 'impertinent curiosity of sightseers at a mere penny [or tuppence] a time' <sup>1</sup>. As zoo and freakshow, Bethlem has served 'as emblematic of an overriding cosmology of madness, whereby 'the madman in confinement was treated no better than a beast', or 'monster'<sup>2</sup>. Accordingly, the curtailing of visiting there in 1770 has been seen as signalling the humanising of the madman, his elevation from animal to patient, a profound disjunction from former attitudes, the product of a new 'Age of Sensibility', a kind of psychiatric *perestroika*. While, in the most general terms, this paradigm remains persuasive, in adopting it so unequivocally, some historians have ignored (their own) prudent warnings against 'an overgeneralised and monolithic interpretation of the asylum'<sup>3</sup>. Here it is largely a question of tone. The polemic of late eighteenth and nineteenth century reformers, and of earlier protesters against public visiting, has to some extent been assumed in the shocked tones of modern historians, and has led to distortions and discrepancies in their accounts. While some historians accept that indiscriminate visiting ceased in 1770, others claim that Bethlem displayed its inmates 'throughout the [eighteenth] century', or 'at a time when such public shows had become unthinkable in post-Revolutionary France'<sup>4</sup>. In fact, more than 30 years after shows had (more or less) ended at Bethlem, they were still being conducted at Charenton by Coulmier<sup>5</sup>. It is a gross exaggeration to say that

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<sup>1</sup> Scull, *Museums*, 63.

<sup>2</sup> *Ibid*; Foucault, *Madness*, 70.

<sup>3</sup> Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge, CUP, 1985), 2 & 85.

<sup>4</sup> Scull, *Museums*, 63; Klaus Doerner, *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, trans. J. Neugroschel & J. Steinberg (Oxford, Basil Blackwell, 1981), 40.

<sup>5</sup> Sunday displays continued at Bicêtre until the Revolution; Foucault, *Madness*, 68-69.



either whipping or exhibiting the insane were 'advocated' by 'every [classical] treatise on the management of the mad'<sup>6</sup>. On the contrary, very few medical writers actively espoused such practices, and many were actually sharply critical, from at least the late seventeenth century onwards. Alderidge has already waspishly exposed some of the inadequacies in historians versions of visits to Bethlem, and some of what I shall be saying in this section will simply be reinforcing her comments and attempting to put the picture straight<sup>7</sup>.

The most insightful analyses of public visiting (particularly Foucault, Porter) have suggested a more positive side, and made it impossible to envisage its abolition as an uncomplicated act of enlightenment. Foucault's assessment of the classical age as a time when 'the eyes of reason...no longer felt any relation to [madness]', now needs to be balanced with Porter's view that eighteenth century men 'did not, *pace* Foucault, feel that lunacy was something to quarantine but rather to experience'<sup>8</sup>. Ultimately, however, Porter's acceptance that it was 'the age of sensibility' which 'condemned' madness as 'ghoulish', is not greatly removed (if less developed) from Foucault and Doerner's notion of displaying the insane as a prior stage in the neutralisation of madness<sup>9</sup>. According to the latter model, the 'organised exhibition' or glorification of 'scandal', 'to serve a moralising purpose', paved the way for a more thorough going sequestration of the insane 'from the general public', their anaesthetising within the realm of medical science<sup>10</sup>. The formulaic style of such models must occasionally be abandoned if we are fully to appreciate the 'many faces' worn by madness<sup>11</sup>. Fundamental questions about the meaning of visiting remain unanswered, however.

Was the exclusion of the public and, increasingly, of the friends of patients from the insane at Bethlem and elsewhere, from the second half of the eighteenth century, a product of enlightenment or of intense embarrassment in attitudes to madness? Or, more specifically, were the advantages of the ticket system, introduced at Bethlem in 1770, 'outweighed' by the disadvantages of 'reduced contact between inmates and the public, and by diminished public

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<sup>6</sup> Scull, *Museums*, 64; *Social Order/Mental Disorder*, 51.

<sup>7</sup> Alderidge, *Bedlam: Fact or Fantasy*.

<sup>8</sup> Foucault, *Madness*, 70; Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London, The Athlone Press, 1987), 14.

<sup>9</sup> Porter, *Manacles*, 14; Doerner, *Madmen & Bourgeoise*, 40; Foucault, *Madness*, esp. chaps I & II.

<sup>10</sup> Foucault, *Madness*, 70; Doerner, *Madmen & Bourgeoise*, 40.

<sup>11</sup> Porter, *Manacles*, 18.

accessibility' ?<sup>12</sup> It is not enough to explain the exhibition of the insane by reference to the view of lunatics as animals (which was far from the only classical attitude to the insane). What was the attitude of Bethlem's visitors, governors, staff and patients themselves ? Were all or most spectators 'mindless of the patients interests'<sup>13</sup> ? Were all staff selfish profiteers from tourism ? Was the belated cessation of visiting at Bethlem another indication of its backwardness, the old guard's inevitable capitulation before the forces of progressive public opinion, or is it at all explicable with reference to internal developments within the hospital itself ? How had the Governors answered their critics formerly, or did protests against visiting fall upon deaf ears ? Was visiting totally indiscriminate and unlimited, and if not, what measures had been taken to regulate the practice ? How did visiting interfere with the running of the hospital, how far did it divert the responsibilities of governors and staff from their charges, and to what degree did it annoy or benefit patients ?

Most of these questions have not even been posed let alone answered, and shall entail the major focus of this chapter.

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<sup>12</sup> Porter, *Manacles*, 129.

<sup>13</sup> Macdonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge, CUP, 1981), 122.

## Numbers

The most obvious and yet most imponderable question about visitors to Bethlem is how many were there? Allderidge has exploded the nonsensical 'poors' box'<sup>14</sup> arithmetic whereby, variously, for the eighteenth century, 96,000 or 46,000 visitors a year have been calculated, and has wisely refrained from suggesting a figure herself<sup>15</sup>. It does appear, as Allderidge suggests, that 'the habit of taking money from visitors grew up by custom', derived from the former monastic tradition of alms giving at the hospital door. Such money was referred to as 'Charity' and the 'poors' box, prior to 1638, was positioned 'without the [outward] door' 'going into Bethlem house'<sup>16</sup>. Money from visitors had plainly been and continued to be a voluntary 'donation'<sup>17</sup>. No admission fee for visitors was ever officially established at Bethlem. In fact, in the seventeenth century, when officers or servants did ask for or demand such a fee, this was regarded by the Governors as a flagrant abuse. Staff were forbidden to 'force any p[er]son to give any more money to the boxe then the same p[er]son is willing to give' and visitors were supposed freely to 'put the money into the boxe there themselves'<sup>18</sup>. In the 1677 rules for the management of the new Moorfields building, money given by visitors was still spoken of as voluntary 'Charity' and allowance made for visitors who 'shall not give any money to the poores boxe'<sup>19</sup>. These regulations were repeatedly abused by staff, however. By the eighteenth century, it had become an established custom, though only accepted by the Court in 1742, that 'a penny' was actually 'demanded' from 'every stranger that came to see the Hospital' and even from visiting friends<sup>20</sup>. Visitors were 'expected by the Porter to give him a penny' or more if they had no change<sup>21</sup>. This

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<sup>14</sup> I have adopted the same term, here, as is employed in the Governors' Minutes, (normally rendered 'Poores Box' or 'Poors Box'), which I feel is more accurate than 'poor box', used by Allderidge, or 'charity box', used for other hospitals.

<sup>15</sup> Allderidge, *Bedlam: Fact or Fantasy*, 21-4.

<sup>16</sup> *BCGM*, 13 March 1638, fol. 168.

<sup>17</sup> As it was called, for example, on 31 July 1657. *BCGM*, fol. 822.

<sup>18</sup> *BCGM*, 28 April 1643, fol. 36.

<sup>19</sup> *BCGM*, 30 March 1677, fol. 359.

<sup>20</sup> *BCGM*, 12 March 1742, fol. 175.

<sup>21</sup> Cesar de Saussure, *A Foreign View of England in the Reigns of George I & George II* (1725), trans. Mme von Muyden (1903), 93.

would tend to verify the statements of both Tom Brown and Ned Ward, at the turn of the century, that a fee was being required<sup>22</sup>. That there are discrepancies in accounts of what was charged or whether charged on entering or leaving the hospital, can itself be explained by discrepancies between what was, and what was supposed to be, happening at Bethlem. Undoubtedly, as Allderidge maintains, visitors were supposed, until 1765, to make their donations on leaving (although this possibly only prevailed after 1676, for at the Bishopsgate building this is not made explicit). Quite apart from the 1765 order Allderidge cites, this is confirmed by de Saussure, who visited Bethlem in 1725, and by abuses uncovered by the Sub-Committee in 1727, when enterprising staff had been extorting money for inner tours of 'the chequer', and visitors were refusing to 'pay agen' when asked by the Porter on leaving<sup>23</sup>. Evidently, however, it had occurred before that the Porter had demanded money on visitors' entry and had 'shutt the doore against them' until they paid the fee he asked<sup>24</sup>. Even if, by the eighteenth century, a penny (or, latterly, tuppence) had become a standard fee for visitors to Bethlem, it was (as Allderidge says) a minimum standard, and does not make poors' box receipts any more reliable quantifier for visiting. Wealthier visitors continued to give considerably more than the penny asked for. Lord Percy gave 10s in 1610, while the Prince of Wales 'was pleased to give five Guineas to the Poors-Box' in 1735<sup>25</sup>. Hospital tenants also, on securing leases and other bargains with the Court, often made donations to the poors' boxes of Bridewell or Bethlem<sup>26</sup>. On rare occasions, even a patient might make a contribution, like David Avery, who gave half a guinea to the box in 1722<sup>27</sup>. When relatives, friends and parish officers also gave money to the poors' box; or

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<sup>22</sup> Tom Brown, *Amusements Serious and Comical, Calculated for the Meridian of London* in *The Works* (London, 1707-8), vol. III (1708), 35; Edward Ward, *The London Spy. The Vanities and Vices of the Town Exposed to View* (London, 1699), ed. Arthur L. Hayward (London, Toronto, Melbourne and Sydney, Cassell and Company, 1927), 55.

<sup>23</sup> *BCGM*, 12 May 1727, fol. 11; de Saussure, *Foreign View*, 93.

<sup>24</sup> *BCGM*, 28 April 1643, fol. 36. See *infra*.

<sup>25</sup> See O'Donoghue, *Bethlehem*, 235, & *The London Evening Post*, henceforth *LEP*, No. 1239, 25-28 October 1735.

<sup>26</sup> It is not entirely clear to me whether these donations were actually balanced with the poors' box takings in Bethlem itself, but this does seem the implication of entries like that of 15 July 1642, when Olave Bucke bargained for a lease of two houses at Charing Cross belonging to Bethlem, by giving 'a 20s piece of Gold to bee put into the poores boxe of the s[a]id hospitall'; *BCGM*, fol. 393. From 1644, a contribution of 10s to the box was made compulsory for all assignees of hospital leases, *ibid*, 23 Aug. 1644, fol. 142.

<sup>27</sup> This was, in fact, only a temporary whim on Avery's part, whose change of mind and request for his money back was sympathetically complied with by the Sub-Committee. This instance was undoubtedly exceptional,

when, on the other hand, staff regularly diverted donations into their own pockets; any credible estimate of annual numbers of visitors from poors' box takings is impossible. All one can say is that there were a lot, but far fewer than has been thought.

Indeed, all that historians have had to go on, thus far, is the retrospective estimate of Thomas Bowen, 13 years after public visiting had been curtailed at Bethlem, that 'at least £400 a year' was formerly made by the practice<sup>28</sup>. In fact, according to figures I have compiled from Stewards Accounts, Court and Committee Books, and Auditors Reports, Bowen's estimate was itself exaggerated. As Fig. 2a shows, only once during 1723-8 and 1747-70 did profits from the poors box reach or exceed £400, and for the most part this revenue was nearer £300 per annum. Even at their peak, from 1759-66, average takings were less than £350 per annum<sup>29</sup>.

Prior to 1676, paucity of quantitative evidence renders any estimate arbitrary in the extreme, and Reed's proposal of 30% of 96 000 (on the erroneous basis that the Bishopsgate building was one third of the size of that at Moorfields) is nothing more than blatant guesswork<sup>30</sup>. The 'daily visitants' to the fictional Bedlams of Jacobean literature may indeed, reflect how regularly the real hospital was visited at the beginning of the seventeenth century<sup>31</sup>. The striking solitariness of these early literary visitors, however, whose tours appear undisturbed by the crowds which afflicted Bethlem subsequently, was something not mentioned by Reed (maugre his eagerness to stress the literalism of such fiction). The lack of visitors extraneous to the plot may, of course, be merely a matter of dramatic economy. Yet this, itself, manifests the difficulty of assessing the authenticity of literary depictions of Bethlem. It would be nonsense to refute the immense popularity of old Bethlem as a public entertainment, which, beyond the abundant literary and journalistic evidences, is attested to in the repeated rulings of its gov-

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implying a rather confused sense of gratitude. While the only example of its type in the Minutes, however, any other donations by patients, unless retracted, would not have been recorded. See *BCGM*, 24 March 1722, fol. 36.

<sup>28</sup> Bowen, *An Historical Account of the Rise, Progress and Present State of Bethlem Hospital* (London, 1784), 11.

<sup>29</sup> While these figures are slightly suspect, with months where nothing was recorded as being taken, and when after 1709 the poors' box was supposed to be brought to account every month, they are not unreliable. The Committee did frequently cash up twice in one month and did occasionally, in the course of a year, skip a month or two. The gaps in the takings during the years 1728, 1747 and 1756-8, nevertheless, do make the totals for these years impossible to sustain.

<sup>30</sup> Reed, *Bedlam on the Jacobean Stage*, 26.

<sup>31</sup> Thomas Middleton & William Rowley, *The Changeling* (1622), ed. N.W. Bawcutt & based on the 1653 quarto, I, ii, 1.52, 16.

ernors concerning the conduct of staff towards visitors and the poors' box. Yet Bethlem was taking little more than £1 at an opening of the poors' box by 1607<sup>32</sup>. The 1632 report on the hospital by the Royal Commissioners spoke of 'money given at the hospitall doore by p[er]sons that come to see the House and the prisoners', but did not specify any amount<sup>33</sup>. The Court orders of 1650 and 1657, as the first recorded restrictions of the access of the public to the hospital, are, nevertheless, manifest proof of how unregulated and out of hand this practice had already become, and bear little distinction from those, forty, fifty and a hundred years later, concerning visitors to the Moorfields building<sup>34</sup>. Available sources agree that visitors to both buildings tended to come in groups and were often persuaded to return more than once. None of this evidence, however, prior to the eighteenth century, mentions numbers. Indeed, it is more concerned with the quality than the quantity of visitors, and notions concerning the latter have remained hypothetical and exaggerated<sup>35</sup>.

### Seasonality

How many people visited Bethlem is plainly less important than the seasonality of visiting, for which monthly poors' box receipts can provide a much more helpful and precise guide. Unfortunately, not even a handful of such receipts seem to survive for the seventeenth century<sup>36</sup>. It seems obvious enough that public visiting must have increased spectacularly after the transfer to Moorfields, particularly in the first flush of enthusiasm for novelty after opening. Lord Gerard, James Yonge, John Evelyn and Charles II, all went to see new Bethlem within two years of the building being finished<sup>37</sup>. It was not until 1681 that the Governors spoke explicitly of 'the greate quantity of p[er]sons that come daily to see the said Lunatickes'<sup>38</sup>. The Moorfields building had

<sup>32</sup> *BCGM*, fol. 197; Alderidge, 'Management', 154.

<sup>33</sup> *PRO, SP. 16224*, no. 21, October 1632; Alderidge, *Management*, 161.

<sup>34</sup> See *infra*.

<sup>35</sup> Scull's and Digby's are the most recent repetitions of the 100,000 myth for Augustan England. See Scull, *Social Order/Mental Disorder*, 60; York *Retreat*, 3.

<sup>36</sup> The earliest record of a receipt in the seventeenth century Court Minutes is of 24s recorded found in the poors' box in 1607; *BCGM*, fol. 197; Alderidge, *Management*, 154. The next I have found is not until 1676, when £30 14s was taken, but the subsequent apportioning of this sum amongst hospital staff suggests that it was actually profits from the servants' box. *BCGM*, 20 October 1676, fols 297-8.

<sup>37</sup> For Charles's visit, see e.g. *The Diary of Robert Hooke, 1672-80* (eds), H. W. Robinson & W. Adams, Mon. 28 Aug. 1676; 'King at Bedlam on Tuesday 29th of August'. For others, see *infra*.

<sup>38</sup> *BCGM*, 22 April 1681, fol. 217.

a capacity initially more than double, and latterly, more than five times that of the Bishopsgate model. Furthermore, new Bethlem (as I have shown in chapter 3) was built very much as a show piece for the public, powerfully manifesting the special orientation of the hospital towards sane society.

Before 1657, Sundays and public holidays had plainly been the peak days for hordes of tourists off work. After the partial restriction of Sunday visiting in 1650, and the blanket ban 'on every Lords day, dayes of publique fasting and thankesgiveing' imposed seven years later, visiting became even more concentrated on the three holiday periods of Christmas, Easter and Whitsun<sup>39</sup>.

Fig. 2b confirms that the most sustained and spectacular peaks of visiting in the eighteenth century were, indeed, during the Easter and Whitsun periods, although visiting over Christmas appears much more inconsistent and certainly less popular than would be expected. Not surprisingly, the spring and summer months generally appear to have attracted the largest crowds throughout the examined period, whereas winter proved the usual deterrent for sightseers. Overall, there is little to distinguish the pattern of sightseeing at Bethlem from what one knows about sightseeing elsewhere in early modern and modern London<sup>40</sup>. The difference between visiting in autumn and winter months, when takings averaged below £20 per month, and the spring and summer period, when takings were normally more than doubled, gives a good indication of the kind of siege Bethlem was under (intermittently) from Easter week until the end of August, during much of the eighteenth century. In this light, the estimate of the correspondent of *The World*, in 1753, who spoke of 'one hundred people at least' visiting Bethlem at one particular time in Easter week, does seem credible<sup>41</sup>. Long before this, in 1689, the outspoken medical student, Thomas Tryon, had railed against the 'Swarms of People' resorting to the hospital, and it was 'especially' the 'holiday mob' that Tryon and successive critics objected to<sup>42</sup>.

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<sup>39</sup> *BCGM*, fols 462-3 & 817, 4 Sept 1650 & 12 June 1657; *BSCM*, 21 April 1764. Although strangely, only the prohibition of Sunday visiting was laid down in the 1677 rules governing new Bethlem, the ban on the three festival days themselves was maintained in practice. It was the holidays after these days, rather than the festival days themselves, with which the Governors were to be concerned and which were the first visiting days to be banned, subsequently. *BCGM*, 19 March 1766, fol. 152; *BSCM*, 21 April & 8 December 1764; *Stewards Accounts* for the same period.

<sup>40</sup> See e.g. Richard Altick, *The Shows of London* (Cambridge, Mass. & London, The Belknap Press of Harvard University Press, 1978).

<sup>41</sup> Although, or in spite of the fact that, the Easter takings for 1753 were comparatively modest. See Fig. 2b; *The World*, No. XXIII, 7 June 1753, 138.

<sup>42</sup> Thomas Tryon, *A Treatise of Dreams and Visions*, 2nd edn (London, 1689), 290; *The World*, No. XXIII,

## The Exhortatory Show And The Visitor Of Quality

Who, then, were these 'swarms' of visitors and what were their motives? The orthodox, ideal visitor, as far as the Governors were concerned was the 'person of quality', who came to the hospital with the intention 'of doing them [ie. 'the poore Lunatiques'] good & releiving them'<sup>43</sup>. I.e. he was defined in accordance with elite notions of morality and charity, and with Bethlem's function as a charity. As defined by Steele in *The Spectator* (1712), 'a Man of Condition or Quality' was 'one who according to the Wealth he is Master of, shews himself just, beneficent, and charitable'<sup>44</sup>. The term was not generally employed, however, without a heavy bias towards the wealthy, better educated and higher bred members of society. Such visitors were openly courted by the Governors and conceived of as supporters of charity. Indeed, there is no doubt from literary and journalistic accounts of visiting Bethlem that the educated and wealthy comprised a considerable proportion of visitors to the hospital throughout the period. During much of the seventeenth century, the customary donation required at the hospital door may have been a greater deterrent than historians have recognised to plebeian visitors, as Ann Cook has argued concerning the minimum penny admission fee for pre-Protectorate playgoers<sup>45</sup>. It was specifically 'people of note and quallitie' who were supposed to have access to Bethlem, and only to such people that, in 1637, 'the middle doore' into the hospital, separating the Steward's and Porter's quarters, was supposed to be opened<sup>46</sup>. The poors' box (located, after 1638, inside the entrance to the hospital) was explicitly designed for 'the Charitie of *well disposed people* [my italics] who come into the said hospitall to see the poore there'. Indeed, historians have underestimated the role of the well intentioned visitor to Bethlem. Even in Jacobean literature, there is a clear understanding of the good or 'well disposed' visitor, and the bad visitor, and it is the gentleman (though not always a 'man of quality'), rather than the unruly apprentice, who

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<sup>43</sup> BCGM, 4 September 1760, fols 462-3 & *passim*.

<sup>44</sup> *The Spectator* (ed.), Donald F. Bond (Oxford, Clarendon, 1965) 4 vols, No. 294, 6 February 1712, 47.

<sup>45</sup> Ann Jennalie Cook, *The Privileged Playgoers of Shakespeare's London 1576-1642* (Princeton, New Jersey, Princeton University Press, 1981) & Robert Ashton, 'Popular entertainment & social control in later Elizabethan & early Stuart London', in *The London Journal*, vol.9, No.1, Summer 1983, 3-20. 'After the Restoration', however, when crowds at Bethlem were to become more numerous, 'theatres usually served a more limited public of courtiers, aristocrats and officials', although, as at Bethlem, holidays still enticed a large number of the meaner sort. See Peter Burke, 'Popular culture in seventeenth-century London', in *The London Journal*, Vol. 3, No. 2, November 1977, 148-9; H. Love, 'The myth of the Restoration audience', *Komos*, I (1967).

<sup>46</sup> BCGM, 21 June 1637, fol. 127.



is the typical madhouse visitor<sup>47</sup>. People coming to Bethlem for 'idle' or mischievous purposes were regarded by the Governors as visitors under false 'p[re]tence[s]', with 'no Business' being in the hospital<sup>48</sup>. Staff were carefully instructed upon their conduct towards visitors in a way which made overt the social divide anticipated by the Governors between the two groups, and the crucial importance accorded to visitors' charity. A sight of the lunatics was, envisioned, and did indeed function, as a direct appeal to charity, the Governors relying on the pity, compassion and approval of visitors to inspire donations to the poors' box and servants (who were themselves allowed a charity box in 1662). Money 'given [by visitors] in the house or at the doore' was spoken of explicitly as 'for the benefitt of the poore Lunatiq[ues]', and for much of the seventeenth century was laid out (occasionally, before, but normally immediately after, it had been brought to account) for provisions and necessities required at the hospital<sup>49</sup>. Visitors were not simply moved to such oblique forms of charity, but often gave money to patients themselves, or gifts in kind<sup>50</sup>. Less directly, exhibiting the insane might elicit retrospective benefactions or legacies. The Governors were only too appreciative of the deficient state of the hospital's income and its dependence on the public. 'Laying before [the public] objects of charity', either physically or metaphorically, was the standard method of raising money for public charities. An account of a visit to Bethlem might also be presented 'for the advancement of good-will amongst men'<sup>51</sup>.

Showing the insane as an exhortation was reinforced by an inscription on the poors' box praying visitors to 'remember the poore Lunaticks', although the additional clause 'and put your Charity into the Box with your own hand', was a constant reminder and warning for the duration of the period of the undercurrent of abuse beneath the rhetoric of charity. While visitors' alms often did not reach its intended objects (see *infra*), the Governors went to considerable pains to ensure that it did and to cement the charitable nature of the hospital in the minds of their public patrons. With the hospital's rebuilding at Moorfields, the connections between charity and the public spectacle of insanity were rendered even more explicit. The blue that had long

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<sup>47</sup> See Francis Beaumont & John Fletcher, *The Pilgrim* (1621/2), IV, ii, ls 21-80; Middleton & Rowley, *The Changeling* (1621/2), e.g. IV, iii, ls 102-135.

<sup>48</sup> *BCGM*, 4 September 1650 & 11 August 1699, fols 462-3 & 289.

<sup>49</sup> *BCGM*, 29 March & 21 June 1637, fols 112 & 125-7.

<sup>50</sup> See *infra*, 'Patients And Visitors'. The Prince of Wales gave 2 guineas, in 1735, 'to be distributed amongst some of the Patients who he had the Curiosity to talk to and to enquire the Cause of their Disorder'. *LEP*, No.1239, 25-28 October 1735.

<sup>51</sup> *The Guardian*, No.79, 11 June 1713.

been worn by the apprentices of Bridewell and the blue-coat boys of the charity schools, and had long represented sombre charity and humility (as well as subservience), was now extended to the inmates and staff of Bethlem. Not only was it adopted as the garb of charity patients (i.e. those clothed and maintained at the sole charge of the hospital), and for the Porter's and basketmen's coats of office; but it was also added to the new poors' boxes carved out of wood in the form of two life-size figures, representing male and female patients/beggars (see Fig. 2c)<sup>52</sup>. Thus, visitors would be even more directly accosted at their entrance or exit by a vivid and calculated appeal for charity. From 1709, the inscription over the poors' boxes was posted additionally on the outer and inner doors of the hospital (although rather to prevent embezzlement than to elicit charity)<sup>53</sup>. The stark and shocking image of the insane conveyed by Cibber's statues (see Fig 2d) of raving and melancholy madness displayed over the main gateway to new Bethlem has received a great deal of attention from historians keen to illustrate the prevalence of brutal and freakish conceptions of the mad in this period. The contrast of the poors' box representations of patients with the Cibber figures has rarely, however, been commented on by historians, yet quite clearly reflects the coexistence of a rather more generous and practical notion of the plight of the insane and the function of visiting.

Visitors might also act as informal overseers of the hospital, and the displaying of its standing orders on tables (in the same manner as the benefactors' tables) to be 'seene and read' by all visitors, plainly had this object in mind (besides that, of course, of appealing for donors by advertising 'the good government' of the hospital)<sup>54</sup>. Anonymous information given to the Court concerning abuses and the infringement of rules at Bethlem, must occasionally have been provided by spectators (even if, more frequently, they preferred to address themselves to the press).

The best illustration of this dual role of visitors as overseers and benefactors, was when, in the 1690s, the Governors established the Wardrobe Fund. This was directly provoked, *inter alia*, by the spectacle of (and the Governors embarrassment at) naked patients exposed before

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<sup>52</sup> See replica & real alms boxes designed for the Moorfields building, at BRHA & Science Museum; Alderidge, 1976 Catalogue to BRH Museum, 25 & 50; John Thomas Smith, *Ancient Topography of London* (London, 1815), 33-4; *infra*, 'poors' boxes', & chap. 5, esp. ref. 157. In fact, the veneer of charity in this instance soon rubbed off. No trace of blue appears to survive in the coats of paint subsequently added to the poors' boxes, while the blue-coated charity patients of Bethlem disappear as a distinct group to be seen at the hospital, or recorded in its minutes, almost immediately after 1676. I am grateful to Vicky Reed for some of the details of this account and for reawakening my interest in the design of the boxes.

<sup>53</sup> *BCGM*, 25 Feb. 1709, fol. 465.

<sup>54</sup> See e.g. *BCGM*, 22 April 1681, fol. 217, when this is directed for the first time for the new Moorfields building.

the public eye, which had 'moved some Charitable persons to give Gifts and Legacies' for the same purpose<sup>55</sup>.

The dynamics of 'show' and 'spectacle' were built into the function of charity and were far from confined to visiting the lunatics at Bethlem. The necessity to 'see [an]...assembly of objects...proper to excite...charity and compassion', was recognised with considerable gusto by contemporaries. Sermons (like the Spital sermons), processions and congregational services, held on thanksgiving days and other special occasions on behalf of hospitals and charity schools, involved dignitaries, governors, staff and poor children themselves. The Augustans, so impressed by the antique pomp of classical civilisation, extended such spectacles as never before, confident that they were 'pleasing to God and man'<sup>56</sup>.

Critics like Thomas Tryon had, in fact, been ignorant and rather unkind to the Governors of Bethlem, when dismissing the hospital's income from visiting as 'only a little paltry Profit'<sup>57</sup>. Including visitors donations to the servants' box (as Bowen may have done in 1783), this must indeed have amounted to around £400 per annum by the mid eighteenth century, and considerably explains the prolonged adherence to the custom at Bethlem. It was to this matter of economics alone, rather than to any ideological or therapeutic stance on visiting, that the Governors referred to when apologising for the practice after 1770<sup>58</sup>. The supplementary perks staff had gleaned from the public had enabled the Governors to maintain their salaries at a low level. Indeed, just six years after the 1770 ban on staff accepting gratuities from visitors, the Governors were forced to raise staff salaries quite dramatically<sup>59</sup>. Tryon did not even consider the indirect revenue accruing to Bethlem through the exhibition of the insane.

What is also too often forgotten is that a substantial proportion of Bethlem's visitors were patients' own relatives, friends and obligors. Visitors were spoken of by the Governors as both 'strangers' and 'friends'. Obviously, the closer a patient's connections with the capital the

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<sup>55</sup> See *BCGM*, fols 16-17, 170, 18 & 31, 29 November 1695, 22 April 1692, 31 January & 14 March 1690, & chap 3, *infra*, 'clothing'.

<sup>56</sup> See *The Guardian*, No.105, 11 July 1713.

<sup>57</sup> A point made once before by Richard Hunter & Ida Macalpine, *Three Hundred Years of Psychiatry, 1535-1860* (London, OUP, 1963), 233. See Tryon, *Dreams*, 289. Henry Mackenzie also made reference to the 'trifling perquisite to the keeper' as all 'every idle visitor' had to 'afford'; *The Man of Feeling* (London, 1771) (ed.), Brian Vickers (London, Oxford & New York, OUP, 1967), 53.

<sup>58</sup> See *infra*.

<sup>59</sup> See chap. 5, *infra*, 'Salaries'.

more likely a patient was to receive regular visits. Distance might even deter a family from sending a member to Bethlem in the first place. Of course, some patients must have received no such visitors at all, while the friends of others, like those of Richard Carter, might pose real problems by going to the other extreme, and 'coming at all times & Seasons to Visit him and bringing Provisions with them'<sup>60</sup>. The mere poverty of many and the 'friendless' condition of a few of Bethlem's inmates, the majority of whom were supported on the poor rate, must have kept the proportion of such visitors well below that sustained by the York Retreat in the nineteenth century<sup>61</sup>. While parish officers did not normally visit their parishioners in Bethlem except in an official capacity (for example, when settling quarterly maintenance bills or viewing their clothing needs), their accounts do very occasionally record payments both to the poors and servants' boxes, and for actually 'seeing our lunatics'<sup>62</sup>. The comparative paucity of such visitors however, is suggested by the radical decline of poors' box takings after public visiting ceased, from £300-£400 to £20-£30 (Fig. 2a). It would be taking statistics too far, nevertheless, to conclude that less than 10% of visitors had been friends.

### The Didactic Spectacle: Visiting The Insane As A Moral Lesson

Besides the hortatory, fund-raising function of exhibiting the insane, the mad were displayed as a didactic spectacle, and it was 'a desire for instruction' which was supposed to 'carry the majority of spectators'—or rather, the 'enlightened' visitor—to Bethlem<sup>63</sup>. Beyond their role as 'Objects of Charity', Bedlamites served as object lessons, living exemplars of the wages of vice and indulgence, barely removed from their traditional signification as 'the damned'. This was not a conscious advertisement on the part of the governing board, of course, but an adventitious development, a circumstance, rather than an explanation, of the practice of visiting. One finds it formulated most consummately as an ideology for the educated visitor, in the account of a visit to Bethlem in *The World* (1753). For the anonymous correspondent, here, there is no

better lesson [to] be taught us in any part of the globe than in this school of misery. Here we may see the mighty reasoners of the earth, below even the insects that crawl upon it; and from so humbling a sight we may learn to moderate our pride, and to keep those passions within

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<sup>60</sup> *BSCM*, 22 Jan 1785.

<sup>61</sup> Digby, *York Retreat*, 194, 246 & *passim*.

<sup>62</sup> See *infra*, chap. 5; e.g. *Ghall MS 4525/9*, fol. 127, 'payd the Beadles of Bethlem Hospitall to shew us our 4 Lunaticks yt are upon our Charge 6d' & e.g. case of John Bagg, on whose admission the churchwardens pay *inter alia* 11s 'to ye Poors Box, Beadle and Expences'. *Ghall MS 6552/3*, entry dated 1 June 1713.

<sup>63</sup> See *The World*, No. XXIII, 138.

bounds, which if too much indulged, would drive reason from her seat, and level us with the wretches of this unhappy mansion'<sup>64</sup>

It was the utter degradation of the mad, their atavism, their inversion of the natural order, which acted so forcibly on the minds of such visitors. Madness was the beast within that, at close proximity, operated as both leveller and admonition. It brought man face to face with his own bestiality and in so doing warned him to keep his baser instincts in check.

While this didactic of visiting did not attain its apogee until the eighteenth century, the notion of madness as a moral lesson, and of the mad as teachers, was, of course, not new. It spans Greek and Christian traditions from Socrates to Erasmus<sup>65</sup>. The 'good mania' of Christendom and of Hellenic philosophy is, however, less pertinent here than the punitive madness of providential theology. Historians have rarely connected the old, but resilient idea of madness as divine judgment with the didactic spectacle of visiting the insane in the classical period. Yet, the same vices observed in Bedlamites by Augustan moralists had traditionally been regarded as punishable with madness by providentialists. As God (by degrees) stepped back from the worldly arena during the seventeenth century, the relationship between madness/illness and immorality became increasingly direct, and the moral exemplum afforded by the mad/ill was made increasingly explicit<sup>66</sup>.

In Elizabethan and Jacobean literature, where Bedlamite 'fools, and mad folks' are often 'tutors' and madness a harsh instruction, one may already discern how providence is being secularised. While, in Fletcher's *The Pilgrim*, Roderigo exclaims;

'When fools, and mad-folks shall be tutors to me,  
And feele my sores, yet I unsensible;  
Sure it was set by Providence upon me  
To steer my heart right...'<sup>67</sup>.

Roderigo's tutor is only a fake fool, leaving providence an essentially figurative place in applying the lesson of madness. The enlightening role of the mock Bedlamite, Alinda, in *The Pilgrim*, may

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<sup>64</sup> *Ibid.*

<sup>65</sup> See e.g. M. A. Screech, *Erasmus: Ecstasy and the Praise of Folly* (London, Penguin/Peregrine, 1988; orig. Duckworth, 1980), & *idem*, 'Good madness in Christendom', in W. F. Bynum, Roy Porter & Michael Shepherd (eds), *The Anatomy of Madness: Essays in the History of Psychiatry* (London & New York, Tavistock & Routledge, 1985-88), 3 vols, vol. i, 25-39.

<sup>66</sup> See e.g. Keith Thomas, *Religion & the Decline of Magic* (Penguin/Peregrine, 1978), first pub. (Weidenfield & Nicholson, 1971), esp. 90-132; Macdonald, *Mystical Bedlam*.

<sup>67</sup> Fletcher, *The Pilgrim* (1620/21), IV, ii, ls 71-5.

be compared to Isabella's role in *The Changeling*, or the Fool's and Edgar's roles in *King Lear*<sup>68</sup>. Madness for Lear, maligned, but morally blind and calling Heaven's wrath upon his own head, is part just deserts, part exemplum and part revelation. In Burton's *Anatomy of Melancholy* (1621), while all afflictions are 'God's just punishment', a visit to Bethlem is exemplary on a more prosaic level<sup>69</sup>. Although a scholar and 'scribbler' himself, Burton (anticipating Swift a century later) explained the propensity to insanity amongst scholars, declaring that they 'many times...deserve it'. Moreover, he told his readers to prove it for themselves, and to 'Go to Bedlam and ask'. Bedlam was, indeed, standardly conceived of by contemporaries as an academy, college or school of folly<sup>70</sup>. Donald Lupton, 10 years after Burton, maintained the universality of the age old 'Lesson' being learned by Bedlamites, namely 'to know...themselves'<sup>71</sup>. The didactic symbol of the Collegiate of Bedlam proved more apposite than ever during the Augustan era<sup>72</sup>. More significantly, for men like Lupton, however, the 'desperate Caitifes' in Bethlem only went to show how strong was 'the Divell...to Delude', how 'easily' were 'men...to be drawne', and what inevitably befell those who 'dare make a mocke of judgment'.

As Thomas has observed, 'the less they spoke of divine judgments, the more did Protestant moralists elaborate upon the pangs of a troubled mind'<sup>73</sup>. Yet the providential lesson of insanity proved extremely tenacious. At both ends of the seventeenth century patients were occasionally recorded as 'recovered' in Bethlem's Court of Governors' Minutes and Admission Registers 'by

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<sup>68</sup> Antonio, who insults and abuses Isabella in the disguise of 'a madwoman' and denies that he is a 'fool', when formerly he had claimed to love her, is forced ultimately to recognise his own folly. Contemptuous, inhumane responses to the insane (or the appearance of madness) are commonly illustrative of moral blindness and insensibility in early seventeenth century literature. See *The Changeling*, IV, iii, ls 102-35 & ls 204-7; 84-6 & 111.

<sup>69</sup> Robert Burton, *The Anatomy of Melancholy* (ed), Holbrook Jackson (London, J. M. Dent, 1948-9), 2 vols, ii, Part I, Section I, 5th para., 82 & *passim*.

<sup>70</sup> See e.g. *Changeling*, I, ii, ls 78-80, 18; 'it will be long Ere all thy scholars learn this lesson, and I did look to have a new one entered'. Also, I, ii, ls 162 & 214-6, 22 & 24; III, ii, ls 34 & 110, 46 & 50.

<sup>71</sup> *London and the Country Carbonadoed and Quantied into severall Characters* (London, 1632), chap. 19, 74 8.

<sup>72</sup> Bethlem as a school of folly, as Ignatieff has observed concerning the prison as a 'school of crime', might assume a decidedly negative connotation, however, as a breeding ground where inmates were confirmed in their vices and folly. See Michael Ignatieff, *A Just Measure of Pain. The Penitentiary in the Industrial Revolution 1750-1850* (London, Penguin/Peregrine, 1989; orig. New York, Pantheon, 1978), 54.

<sup>73</sup> *Religion & Magic*, 128.

gods blessing and good means' and 'delivered [i.e. discharged] thence with praise to God'<sup>74</sup>. Not surprisingly, the hand of judgment continued to figure in the annual Spital sermons, given on the subject of the London hospitals, well into the eighteenth century, where the didactic was linked directly to the fund-raising needs of charities. The mad of Bethlem continued to be regarded as defacing 'the Image' of their 'Maker' and preachers continued to praise 'Divine Providence' for their relief. In 1681, for example, Edward Stillingfleet, Dean of St. Paul's and the King's chaplain (later Bishop of Worcester) instructed his congregation and readers when counting the blessings of their 'Reason and Understanding', to 'pity the poor Creatures [in Bethlem] whom God hath deprived of it', and to remember 'How easily, how justly, how suddenly may God cast you into their condition'<sup>75</sup>. He was echoed nearly 60 years later by John Gilbert, Bishop of Landaff<sup>76</sup>. Indeed, Gilbert made overt reference to the hordes who must have been visiting the hospital during the same Easter, demanding 'is it possible any rational Creature should look on such moving Objects as these as an unconcer'd spectator'. It may even be that the Enlightenment drove home the providential lesson of madness more forcibly than ever before. Pious provincials, especially those with dissenting sympathies, like the Lancashire doctor, Richard Kay, despite touring Bethlem as one of the sights during August of the same year, might exclaim with as much vehemence as their forbears, 'Lord May Thy Goodness to us and kind Preservation of us alwayes be had in thankful Remembrance by us'<sup>77</sup>. It was as if Kay had heard Gilbert's sermon, as he had subsequently heard Wesley's<sup>78</sup>. Wesley and the Methodists themselves, with their 'bantering-booths' set up just outside the hospital walls in Moorfields, did not miss the opportunity afforded them to substantiate the workings of divinity in the world by example. Paragons of enlightenment thought, like Daniel Defoe, continued to

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<sup>74</sup> See *supra*, Chap. 2.

<sup>75</sup> Stillingfleet, *Protestant Charity. A Sermon Preached at S. Sepulchres Church, on Tuesday in Easter Week, A.D. 1681* (London, 1681), 28 & 47.

<sup>76</sup> Gilbert declared:- 'That reason which they have lost, should excite us to shew our Thankfulness to God for the Continuance of this Blessing to ourselves, by contributing all in our Power towards restoring, in these most deplorable objects of our Compassion, that Faculty which stamps upon us all the Image of God, and alone enables us to answer the great End of our Creation, by serving and honouring our great and merciful Creator'. *A Sermon Preached before...in Easter-Week 1749* (London, 1743).

<sup>77</sup> *The Diary of Richard Kay 1716-51* (eds), W. Brockbank and F. Kenworthy (Manchester, Manchester University Press, 1968), 68-9, 83.

<sup>78</sup> Kay heard both John Wesley and Peter Goodwin preach at upper Moorfields, in 1743, with some reverence, responding to the former's sermon from Lam 1.12 with 'Lord, Give me a suitable Capacity for Improvement'.

regard the patients of Bethlem as those 'whom it has pleas'd God to leave in a full state of Health and Strength, but depriv'd of Reason to act for themselves'<sup>79</sup>. Bethlem itself might still be envisioned by low-life literary hacks, like Ward, as 'Hell' and Bedlamites as 'the damned'<sup>80</sup>. For Ward, however, it was merely the image of damnation that was serviceable. Outside of the writings of evangelicals, the providential didactic of a tour round Bethlem was rarely applied literally, in the eighteenth century, and appeared in a diluted and rhetorical sense even in the annual (and steadfastly Anglican) Spital sermons. With the inroads made by natural philosophy, and the mounting hostility towards 'enthusiasm', from the mid seventeenth century onwards<sup>81</sup>, the lesson of providence seemed increasingly inscrutable and inadequate as an explanation, and those who claimed to be its diviners seemed increasingly mad. In fact, even non-conformists were concerned more with conscience than with providence. Removed from providential insight, the enthusiast now pointed mundanely, but more emphatically, to the old moral about the consequences of hubris.

During the Enlightenment, the didactic spectacle of visiting Bethlem was radically extended. In some respects, this was merely a product of the spectacular rebuilding and enhanced accessibility of the hospital at Moorfields. Less straightforwardly, the explanation lies within the complex and developing discourse that comprised enlightenment consciousness. The intense rationalism of the Enlightenment, set against the concern of enlightened thinkers to publicize and improve, to bring anything that could instruct or divert to the attention of the public, subjected the insane (as both oddities and emblems of unreason) more emphatically than ever before to public scrutiny. The remarkable and burgeoning crop of figurative and factual visits to Bethlem one finds entering the literary and journalistic publications of the eighteenth century, was obviously part and parcel of the publishing boom and commercialising thrust which characterised the period. More importantly, it was part of an enlightenment pedagogy. New magazines and periodicals, like *The Spectator* and *The Tatler*, aimed to attract and educate a broader based audience, to invest their entertainment with instruction, and to 'make...their Diversion useful', and embraced the popular diversion of visiting Bethlem as ideally suited to these ends. Suffusing and supporting this pedagogy, were a series of perceptual shifts arising through the influence of natural philosophy and the Scientific Revolution, and more especially

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<sup>79</sup> *An Essay Upon Projects* (London, 1697), 179.

<sup>80</sup> *London Spy*, 52.

<sup>81</sup> See partic. Michael Macdonald, 'Insanity and the realities of history in early modern Europe', in R. M. Murray & Trevor H. Turner (eds), *Lectures in the History of Psychiatry: The Squibb Series* (London, Gaskell/The Royal College of Psychiatrists, 1990), 60-81.



through the transmission of Lockean cognitive 'psychology'. Emphasising the power of objects to distort sensory impressions by their imprint, and thus cause insanity, *vice versa*, the new philosophy encouraged enlightenment faith in the ability to mould perceptions, and informed an enthusiasm for viewing the insane as object lessons. Publicists, like Addison and Steele, recognised with new poignancy the effects of 'the actual View and Survey of outward Objects', and sought to make every one of their readers (in the manner of visitors to Bethlem) a spectator<sup>82</sup>. While Bedlamites were themselves increasingly seen as crazed through 'dwelling too long upon an Object'<sup>83</sup>, the contemplation of the mad was, according to the same theory, advocated as a salutary exercise, in applying a short sharp shock to a wayward mind. Thus, a correspondent to *The Guardian*, in 1713, described having 'rambled about the galleries at Bedlam...for an hour' and having 'thoroughly reflected' on what he 'beheld'—'until I have startled myself out of my present ill course'<sup>84</sup>. Cibber's figures of 'Melancholy and Raving Madness', displayed on top of the gateway of new Bethlem, from 1676, were evidently carved with the same object in mind, as warnings, as well as advertisements, of the madness that lurked within. Seventeenth century philosophy had stressed 'sight' as the door to perception and understanding, and the peculiarly forceful operation of 'an outward object' on the mind or imagination, if 'distinct...from any other'<sup>85</sup>. Moreover, philosophers looked to the mechanics of sensory impressions to underline the need for comparison (in order to maintain a healthy perspective) and to support the demonstrability of moral ideas<sup>86</sup>. As such theories percolated through the Enlightenment, 'seeing the insane'<sup>87</sup> became an increasingly acute and instructive experience for the educated elite. Appreciative of the attraction and potency of images that were 'strange' or 'uncommon',

<sup>82</sup> Addison not only, quite consciously, chose the title *Spectator* for his magazine for this reason, but constantly reiterated his concern 'that his Reader becomes a kind of Spectator, and feels in himself all the variety of Passions, which are correspondent to the several Parts of the Relation', and admired the Roman writers, such as Livy, who had managed to achieve this effect. See e.g. *Spectator*, No.420, 2 July 1712, 574.

<sup>83</sup> See e.g. Dennis, 'Remarks on King Arthur' (1696), in *Critical Works* (ed.) Hooker, I, 109, quoted in *Spectator*, No.412, 23 June 1712, 541, ref. 2; & *Spectator & The Tatler* (ed.) Donald F. Bond (Oxford, Clarendon, 1987) 3 vols *passim*; re. suffering from a particular 'Crack' (or flaw of the brain) and being mad on one subject (anticipating the nineteenth century diagnostic category 'monomania').

<sup>84</sup> *Guardian*, No 79, 11 June 1713.

<sup>85</sup> See John Locke, *An Essay on Human Understanding*, revised edn. John W. Yolton (London, J. M. Dent, 1965), Vol. I, Book I, Chap. xxix, 306-14.

<sup>86</sup> On the demonstrability of moral ideas, see *ibid*, chap.iii, 339-40; on the need to compare, see chap xi, 127-8.

<sup>87</sup> Sander L. Gilman, *Seeing the Insane* (New York, Brunner, Mazel, 1982).

theorists and moralists were accordingly appreciative of the admonitory impact the extremities of madness might have on an audience<sup>88</sup>. A sight of Bethlem might, thus, be recommended as a peculiarly effective deterrent to the evil inclinations in the less formed minds of children. In 1709, when Steele took three young brothers, to whom he was guardian, 'to show 'em...*Bedlam*' and other sights, the influence of Lockean psychology on the didactic spectacle of visiting is clear. Steele justified his visit on the grounds that 'such places...strike forcibly on the Fancy' of 'raw minds'<sup>89</sup>. Furthermore, Steele claimed to be exercising an especially keen surveillance over 'the Temper and Inclinations of Childhood and Youth, that we may not give vice and folly supplies from the growing Generation'. Locke had conceived of a child's mind as originally a *tabula rasa*, analogous to that of an idiot's, except in its *capacity* to grasp principles of truth via perception, and particularly prey to the formative influences of strong sensory impressions, whether true or false. He had, thus, emphasised the necessity of regulating children's education according to strict moral principles<sup>90</sup>. Despite distinguishing between fools and madmen, Lockean theory defined an even closer connection than before between folly (or error) and madness, through the doctrine of false ideas<sup>91</sup>. Intensifying awareness of the frailty of human perception, the vulnerability of every mind to misconceptions, and the actual processes by which thinking and imagination were disordered, the new philosophy worked to reinforce the implications of madness for sane society. Thus, spectators viewed their relation to the delusions of Bedlamites in much sharper relief, and the moral boundaries of madness were greatly enlarged.

Typically, then, for men like Steele, 'Folly' was 'the Foundation' of all passion, and both were contained in 'the Natural Superstructure...of Madness'<sup>92</sup>. Steele proceeded from this assertion, in Burtonian style, to cite a consultation with 'the Collegiates of *Moorfields*', by way of illustrating the madness of pride. In the 'Benefit' Steele 'reaped' from his view of the 'Dutchesses...Earls...Heathen Gods...Emperor...Prophet...Duke...and Lady Mayoress' of Bethlem, the lesson may have been an old one, but it was invested with a new significance out of

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<sup>88</sup> See *Spectator*, Nos. 411-21, 21 June-3 July 1712, 535-580, re. Addison's doctrine of 'the Pleasures of the Imagination', and *infra*.

<sup>89</sup> *Tatler*, No.30, 18 June 1708, 223-4.

<sup>90</sup> Locke, *Essay on Understanding*, esp. Vol. I, Book I, Chap. II, paras 1-5 & 25-7; 9-10 & 27-8; *idem*, *Some Thoughts Concerning Education* (London, 1693).

<sup>91</sup> For one of the clearest and most acute analyses of Locke's empiricist epistemology and its influence, see Porter, *Manacles*, esp. 188-93.

<sup>92</sup> *Tatler*, No.127, 31 January 1710, 242-3.

Lockean psychology and enlightened utilitarianism:

'I was resolved to guard myself against a Passion which makes such Havock in the Brain, and produces so much Disorder in the Imagination. For this Reason, I have endeavoured to keep down the secret Swellings of Resentment, and stifle the very first suggestions of self-esteem; to establish my Mind in Tranquility, and over-value nothing in my own, or in another's Possession'<sup>93</sup>.

Passion conceived as a cause of madness, and madness deployed as a warning against the consequences of passion, belonged, of course, to a tradition much older than the classical period. Here, Foucault's analysis of what was distinctive about the classical relation of passion to madness is of particular value. Foucault astutely observed how passion was not just a cause of madness, in the Age of Reason, but was a potentiality which exposed the fragility of the entire natural and rational order<sup>94</sup>. By becoming delirium (via Lockean psychology), passion converted madness into chaos. Defining man's place within the natural order, and the mental faculties which distinguished him from brute creation, natural philosophy clarified the lesson of the madman for rational society, as the inversion of its equation, as human nature debased<sup>95</sup>. Yet, while there is little disputing the importance of Foucault's thesis, that, in the classical age, madness was 'shown' only 'on the other side of bars' and 'under the eyes of a reason that no longer felt any relation to it and that would not compromise itself by too close a resemblance'<sup>96</sup>, he overestimated the aloofness of the classical response to madness and denied the scope of the experiential didactic of visiting the insane. In many respects, in point of fact, Augustans experienced madness more often and at much closer proximity than had their forbears. Prior to the seventeenth century, madness was more frequently neglected, than experienced or empathised with, in the parishes and by the governing elites of England. As Porter has recently argued, Foucault exaggerated the proportion of the mentally ill in early modern England who were incarcerated and exhibited<sup>97</sup>. He 'barely mentions Locke, and underplays the influence of

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<sup>93</sup> *Ibid*, 223-5.

<sup>94</sup> *Madness*, 88.

<sup>95</sup> On the other hand, one must bear in mind, here, Mullan's argument concerning the 'ambiguity of passion', and the heightening of this ambiguity, during the period, with 'the elevation of sensibility'. As Mullan maintains, passion demanded 'vigilance' rather than 'suppression'. His contention that injunctions 'absolutely to suppress passion' were 'rare in the medical texts of the eighteenth century', is, however, more accurate for the latter, than the earlier, part of the century. See John Mullan, *Sentiment and Sociability. The Language of Feeling in the Eighteenth Century* (Oxford, Clarendon, 1988), 232-5.

<sup>96</sup> *Madness*, 70

<sup>97</sup> Porter, 'Foucault's great confinement', in *History of the Human Sciences*, vol. 3, No. 1, 47-54.

Lockean psychology on the Age of Reason<sup>98</sup>.

Locke's 'empiricist epistemology' and the broader freedom and publicity granted visitors to Bethlem, afforded a wide licence for moralists to castigate and compare to Bedlamites those who wilfully abused their innate 'Capacities of forming Principles, and drawing Conclusions'. Emphasising these capacities, as Steele did, in 1709, became a way of impressing the lesson on those who were 'knowingly and wittingly both Fools and Madmen'<sup>99</sup>. Informed by such ideas, contemporary scribblers, like the clergyman and poet, Thomas Fitzgerald, might still conceive Bedlamites as essentially 'innocents' (or, rather, incarnations of what Foucault termed 'the guilty innocence of the animal in man'), but turn the mirror with greater admonitory force on the Age of Reason:

Mean time on these reflect with kind Concern,  
And hence this just, this useful Lesson learn:  
If strong Desires thy reas'ning Pow'rs controul,  
If arbitrary Passions sway thy Soul,  
If Pride, if Envy, if the Thirst of Gain,  
If wild Ambition in thy Bosom reign,  
Alas! thou vaunt'st thy Sober Sense in vain!  
In these poor Bedlamites thyself survey,  
Thyself! less innocently Mad than they.<sup>100</sup>

When Myles Davies identified the popular conception of 'an infatuated crazy Bedlamite' with that of 'a poor Scholar', 'a deservedly and happily subdu'd Monster, or...a proud fantastical Buzzard', 'generally look'd upon as...fit only to be made a *Game* of, and to be always kept under, for the *Good* as well as the *Diversion* of the Publick'; he said a good deal about the intimate connection between the spectacle of visiting Bethlem and a prevailing attitude to the insane as wild animals, needing to be caged and subdued for the protection of the public, and as freaks, fit and deserving game for entertainment. Rather than the zoological function of visiting Bethlem, however, Davies himself emphasised the lesson of the madman/scholar/monster underlying the 'Fear' he provoked, 'of his Exprobrating, to *all* their unnecessary Lying'<sup>101</sup>.

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<sup>98</sup> To give Foucault credit, however, he does address (if inadequately) the idea of madness as deluded imagination, in his chapter on 'Passion and Delirium', *Madness*, 85-116.

<sup>99</sup> *Tatler*, No. 40, 12 July 1709, 290.

<sup>100</sup> 'Bedlam' in *Poems on Severall Occasions* (London, 1733), separately reissued 40 years later as *Bedlam. A Poem* (London, 1776), 18. See page 7 of poem re. Lockean theory concerning misassociation of ideas.

<sup>101</sup> Davies, *Athenae Britanniae* (London, 1719), vol. vi, part iii, appendix, 12. See Foucault, *Madness*, 66-70,

Turning the mirror was a didactic tool frequently employed in depictions of visits to Bethlem in the eighteenth century. Accounts of visitors' conversations with patients, like that between an anonymous 'Gentleman' and an 'honest Blacksmith in *Bedlam*', in *The Universal Spectator* of (1734), standardly turned the mirror on a mad world confining the sane and, thus, turned visitors' 'pity' for the mad onto society. Such scenarios were disseminated by repetition in the press, in other magazines, and by word of mouth, the latter being reproduced in *The Gentleman's Magazine* for the same month<sup>102</sup>. Indeed, Bedlamite parables might run and run, and be elaborated with each version. One of the most notorious was that of the 'young man' or 'Bristol apprentice', whose abuse of a 'madman' in Bethlem, on the latter's refusal to confess the reason for his committal, was answered with 'calm disdain' and the barb 'it was for the loss of that which God Almighty never gave you'. First detailed by 'BENEVOLUS', a correspondent to *The London Chronicle*, in 1761, the episode was repeated and embellished three years later in newspapers in both city and country, and formed the major topic in a letter from Horace Walpole to Conway<sup>103</sup>. If in the transmission of such anecdotes, men like Walpole were 'charmed' or even delighted with the riposte<sup>104</sup>, they might also be moved. Walpole exclaimed to Conway, 'there was never anything finer or more moving!' One of Walpole's favourite conceits was that there were more madmen without than within Bethlem and that it would be a better solution to confine there the few remaining in their wit<sup>105</sup>.

Bethlem as the macrocosm of Great Britain, was a theme constantly alluded to by contemporaries, and is only too familiar to historians<sup>106</sup>. Visits to Bethlem which turned the mirror

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for a good discussion of the connections between spectacle and a conception of the insane as 'monsters'. Foucault pointed out the etymological root, in that 'monter'='show' & 'monster'='thing to be shown'.

<sup>102</sup> *Universal Spectator*, No. 317, 2 November 1734; *G.M.*, vol.4, November 1734, 596.

<sup>103</sup> Horace Walpole, *Horace Walpole's Correspondence* (ed.), W. S. Lewis (New Haven, Yale University Press, 1954), 48 vols, vol. 38, letter dated 29 Oct. 1764, 453.

<sup>104</sup> Which, in fact, Walpole rendered in more traditional providential terms: 'Because God, Sir, deprived me of that blessing which you never enjoyed'

<sup>105</sup> See *ibid.*, vol. 33, letters to Lady Ossory dated 2 February & 10 June 1780, 163 & 166; vol. 35, letter to Strafford, dated 29 August 1786, 386-7; vol. 43, 368, note to vol. 36, 187. Walpole hardly had a monopoly over this notion, and one finds it appearing again and again in contemporary writings, buoyed up by anxieties about an epidemic of madness. See e.g. Henry Fielding, *The Covent Garden Journal* (ed.), Bertrand A. Goldyer (Oxford, Clarendon, 1988), No. 35, 2 May 1752, 210; *The World*, No. xxiii, 139.

<sup>106</sup> See e.g. Christopher Hill, *The World Turned Upside-Down: Radical Ideas during the English Revolution* (London, Temple Smith, 1972), 223-7 & 306; Porter, *Manacles*, 25-31; Gilman, *Seeing the insane*, 56-7.

of madness onto society more often transformed patients into mere caricatures, *doppelgängers* of the 'sane', such as:- the Welshman mad for cheese, the crazed speculator, the mad politician, the warmongering general, the proud emperor, the enthusiast, the Ophelia, or the love-sick melancholic. Such clichés transcended and distorted the reality of what was seen and manifest the distance, more than the proximity, of the observer from the observed. Indeed the spectator often seems more aware of the model of what he should be seeing, than able to respond to the presence of the patient himself. Moreover, comparisons were often made for comic effect, amusing in the fashion of the 'Spitting Images' of 1980's political satire, rather than fashioned out of any personal empathy. Boswell shared Johnson's joke (by recording it), made when visiting Bethlem in 1775, and turning the mirror from a 'very furious' patient 'beating his straw', to the 'cruelties' of the Duke of Cumberland on a notorious former campaign in Scotland<sup>107</sup>. The reflection was especially abstract in this case, for Cumberland's campaign was already nearly thirty years old by 1775.

The humour of such inversions could certainly be more salient. As late as 1794, 24 years after visiting had been curtailed at Bethlem, the cartoonist, Richard Newton, drew a telling resemblance between the passions and visages of its patients, staring and grimacing through the grates of their cell doors, and those of the angry, grimacing visitors who observed them<sup>108</sup>. The spectator could not easily escape his connection with insanity here. 70 years before Newton depicted visitors with 'the pop-eyed, open-mouthed visages of madmen', Hildebrand Jacob had castigated the curious spectators at Bethlem as a 'Croud of gaping Fools'<sup>109</sup>.

Yet, the common equation of visitors with the insane and the portrayal of visitors as 'yet lower' than the 'brutes' they observed<sup>110</sup>, did little to ameliorate the image of Bedlamites themselves. It was the ignorant and abusive spectator with whom most of these inversions were pre-occupied, he who was insensible to the lesson of insanity, rather than with a genuinely empathic recognition of the madness within. On the other hand, contemporaries delighted in donning the mantle of madness, as a means of extending the licence of their critique and disarming the criticisms of others; Swift playing the role of the mad narrator and incurable scribbler, Boswell that of the hypochondriac, and Fielding and countless others penning columns from imaginary

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<sup>107</sup> Boswell, *Life of Johnson* (ed.), R. W. Chapman (Oxford, & New York, OUP, 1980), 635.

<sup>108</sup> See Gilman, *Seeing the insane*, 56-7; Richard Newton, *A Visit to Bedlam* (1794).

<sup>109</sup> *Ibid*, 57; Hildebrand Jacob, *Bedlam. A Poem* (London, 1723), 13.

<sup>110</sup> See *G.M.*, vol 18, May 1748, 199.

apartments in Moorfields<sup>111</sup>. Even the frivolous account of Ned Ward's visit to Bethlem was not devoid of the proverbial didactic of 'Truth' flying to Bethlem 'for sanctuary', and alluded to the 'privilege[d]' position of those free to speak their minds in the hospital<sup>112</sup>.

Alongside the influence of natural philosophy on the didactic spectacle of visiting Bethlem, enthusiasm for Greek philosophy and particularly for the works of the Stoics encouraged educated contemporaries to witness madness for themselves. For men like Samuel Johnson and James Boswell, visiting Bethlem was a necessary moral duty, painful and distressing, yet pointing a useful lesson and demanding the 'firmness' or 'Steadiness of Mind' espoused by Stoic philosophers<sup>113</sup>. Steadiness of mind was, in fact, the title of the 'celebrated treatise' of the sixteenth century Stoic, Lipsius, oft cited in the eighteenth century, and paraphrased for Augustan consumption in a 1750 edition of *The Rambler*<sup>114</sup>. In this popular form, Stoicism 'recommended' putting 'the sufferer in mind of heavier pressures, and more excruciating calamities, than those of which he has himself reason to complain', so that he might better endure his own. Indeed, 'by...observation of the miseries of others', it was believed, 'fortitude is strengthened, and the mind is brought to a more extensive knowledge of her powers' (recalling the Christian lesson 'know thyself'). Seeing the insane required a stiff upper lip to endure and benefit from the experience. Steele, too, stressed the 'Benefit' gleaned from visiting Bethlem in terms of 'establish[ing] my Mind in Tranquility'<sup>115</sup>. This was especially pertinent for those who, like Johnson and Boswell, believed themselves to be sufferers from mental disorder (or attenuated forms thereof). Comparison was widely enjoined as 'certainly of use against encroaching melancholy and a settled habit of gloomy thoughts'<sup>116</sup>. 'Making comparisons' was actually recommended as a form of meditation, and it is easy to see, in contemporary accounts, how this doctrine was

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<sup>111</sup> Swift, *A Tale of a Tub*, in *A Tale of a Tub and other Satires* (ed.), Kathleen Williams (London, J. M. Dent, 1975); (*idem*), *A Serious and Useful Scheme To make an Hospital for Incurables. Of Universal Benefit to all His Majesty's Subjects* (London, 1733), 14; Boswell, *The Hypochondriac* (ed.), Margery Bailey (Stanford, Stanford University Press, 1928); Fielding, *CGJ*, Nos 35 & 62, 2 May & 16 September 1752, 210-14, 332-4.

<sup>112</sup> *London Spy*, 54.

<sup>113</sup> See Boswell, *Hypochondriac*, September 1778, 197; *The Rambler*, No.52, 15 September 1750, 222-5. For the much earlier influence of Stoicism in the literature of this period, see Rowland Wymer, *Suicide and Despair in the Jacobean Drama* (Sussex, The Harvester Press, 1986), chap. 7 on 'Stoicism and Roman Deaths', 133-59.

<sup>114</sup> No. 52, 222-5.

<sup>115</sup> *Tatler*, No. 127, 31 January 1710, 244.

<sup>116</sup> *Rambler*, No. 52, 224.

applied to visiting Bethlem. Thus, for Boswell, both Bethlem and St. Luke's were 'receptacles' where one might 'contemplate human nature in ruins'<sup>117</sup>. Likewise, 'PHILANTHROPUS' (the aforementioned correspondent to *The Guardian* of 1713), spoke of having 'thoroughly reflected on' the 'lamentable objects' he saw 'at Bedlam'<sup>118</sup>. Indeed, zealous spectators, such as Philanthropus, could make a conscious habit of taking (in his own words) 'a walk of mortification, and pass[ing] a whole day in making myself profitably sad', by visiting Bethlem and 'the [other] hospitals about...[the] city'. In *The Rambler*, such utilitarian 'meditation' was additionally justified on Lockean grounds, in 'that it furnishes a new employment for the mind, and engages the passions on remoter objects'<sup>119</sup>. In fact, Lockean and Stoic philosophy accorded very comfortably, as when Johnson defended being 'kept in mind of madness', convinced of its 'very moral use' as a 'warning' to keep 'imagination' in bounds (although he had at first denied that living 'between Bedlam and St. Luke's' would make anyone 'think of madness' any more than usual)<sup>120</sup>. Stoic philosophy, in contradiction to Locke, asserted that 'all fools are madmen'; i.e. that, morally and rationally, 'all those who do not live up to the Principles of Reason and Virtue, are Madmen'<sup>121</sup>. In adaptation, however, the effect was little different, allowing Augustan moralists, like Steele, Addison, Swift and Pope, to condemn any 'singularity' of behaviour as fit for Bethlem, and to make pointed analogies between the madnesses of society and the mad in Bethlem. Enamoured of the traditions of classical civilisation, moralists often saw themselves as moral censors on the Roman model, through polemic, clapping up 'whole Packs of Delinquents...in kennels' and more than imaginary Bethlems<sup>122</sup>. Indeed, the majority of those who referred to Bethlem, or gave accounts of their visits, were concerned less with real madness, than with what they deemed the more curable luxuries, excesses and vices of the outside world. Steele compared himself to the Stoic Cato, striving to 'recover' society out of its 'Immorality and Corruption', by the 'use of such a Strictness and Severity of Discipline' as would suffice for the cure of the mad. Swift claimed on his part that:

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<sup>117</sup> *The Hypochondriac* (ed.), Bailey, vol. i, September 1778, 197.

<sup>118</sup> No.79, 11 June 1713, 312-3.

<sup>119</sup> No.52, 15 September 1750, 222-5.

<sup>120</sup> Boswell, *Life of Johnson*, 18 April 1783, 1225-6.

<sup>121</sup> See *Tatler*, No.125, 26 January 1710, 234-8.

<sup>122</sup> *Ibid*, Nos 125 & 162, 26 January & 26 April 1710, 235, 402-5.



His satire points at no defect  
But what all mortals may correct'<sup>123</sup>.

Historians who have been 'startled' and 'shocked' by 'the vehemence with which Swift [and the Augustans] damned the madness that surrounded [them]', have responded, in one sense, as the author intended, while, in another sense, relinquishing objectivity, underestimating the sincerity of the Augustan didactic and underplaying the enthusiasm with which Augustan moralists set about mending the world or compared themselves to Cato<sup>124</sup>.

Yet, Stoicism emphasised 'Resignation', bearing up to afflictions, and determined moralists to reconcile their readers to the experience of living, to force them to suffer 'a trifle' so that they might withstand genuine 'Afflictions' without becoming 'Mad'<sup>125</sup>. Accordingly, those who succumbed and actually became insane, and even those exhibited at Bethlem, might be considered all the more to blame for their weaknesses. For 'distress', claimed *The Tatler*, 'does not debase noble minds' and make them mad<sup>126</sup>. Those, furthermore, who merely showed signs of frailty or singularity were apt to be reviled and ridiculed as mad. Lockean psychology, too, could emphasise the culpability of the insane by its emphasis on the innate capacity of man to submit imagination to judgment. It was for this reason that Johnson seems to have regarded the madness of 'many...people' as 'their fault'<sup>127</sup>.

Some observers were even more forthright in calling the madnoses they viewed at Bethlem 'evils', like the anonymous 'PHILANTHROPUS' of 1713, who, despite 'offer[ing] up prayers' for the Bethlem patients he saw, clearly felt more 'compassion' for the 'incurable' cases of St. Thomas's hospital<sup>128</sup>. Similarly, 40 years later, *The Adventurer* refused to accept that lunacy was 'a mere perversion of the understanding' on the Lockean model, objecting that the lunatic's 'understanding is perverted to evils'<sup>129</sup>; that 'the merry lunatic is never kind', but

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<sup>123</sup> *Verses on the Death of Dr. Swift*, (1731), ls 463-4.

<sup>124</sup> See Byrd, *Visits to Bedlam*, 59, 63, 82 & *passim*; Fielding, *CGJ*, xxxiv & No. 36, 5 May 1752, 214; (*idem*), *The Champion & The Jacobite's Journal*.

<sup>125</sup> *Rambler*, No.52, 15 September 1750, 225; *Spectator*, Nos 438 & 576, 23 July 1712 & 4 August 1714, 39-42, 569-71.

<sup>126</sup> *Tatler*, No. 51, 6 August 1709, 361.

<sup>127</sup> Boswell, *Life of Johnson*, 1226.

<sup>128</sup> *The Guardian*, No.79, 11 June 1713, 313.

<sup>129</sup> I.e. that insanity = vitiated judgment, as argued by John Monro, rather than deluded imagination, as

always mischievous; and that 'if every approach to madness is a deviation to ill, every deviation to ill may be considered as an approach to madness'<sup>130</sup>.

Ultimately, both Stoic and natural philosophy could contribute an even more pronounced sense of detachment to the observer of the 'remoter objects' of misery described in magazines like *The Rambler*, or witnessed at Bethlem. The extreme Stoic relativism outlined by *The Rambler*, consisting of 'making comparisons in our own favour'; of achieving 'solace' or 'appeasement' by the 'consideration of 'others...more miserable'; and of feeling pleasure, or 'learn[ing] to rejoice', at 'the stronger impression of the happiness of safety' afforded by 'the pain of another'; when applied to viewing the insane, does lend weight to Foucault's argument concerning the aloofness of the classical response to madness. While, in empirical or numerical terms (as Porter and others have argued), Foucault's notion of a great confinement is inapplicable to England, in moral or ideational terms his thesis has more cogence.

It would be blinkered in the extreme, however, to deny the genuine compassion that spectators felt when regarding the insane in Bethlem, and that was underlined again and again by moralists seeking to educate their readers and the visiting public. Natural philosophy stressed the natural benevolence of man, God and Nature. *Bienfaisance* was the watchword of enlightenment culture. Indeed, this is a dimension sorely lacking from Foucault's analysis of classical responses to unreason. Humanity, pity and charity, were considered as absolutely essential in the attitude of the enlightened man to the insane. Steele confessed when visiting Bethlem in the early eighteenth century, despite his jocular tone, to having been 'very sensibly touched with Compassion towards these miserable People; and indeed, extremely mortified to see Human Nature capable of being thus disfigured'<sup>131</sup>. Finding ways 'to exercise our Humanity' was imperative for a great part of the educated elite. Whatever the import of Stoicism, to be 'unmoved with the calamities of others'—long before the postulated arrival of the Age of Sensibility—was, itself, regarded as 'monstrous'. For enlightened thinkers, 'he who is supported', or has the use of his reason, 'is in the same class of natural necessity with him that wants a support', or is insane<sup>132</sup>. Seeing the insane not only emphasised the lesson of madness, but also its pitiableness. As Mandeville recognised, when discussing the pain and killing of animals, 'nothing stirs us to

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argued by William Battie.

<sup>130</sup> No.88, 8 September 1753, 88-92.

<sup>131</sup> *Tatler*, No.127, 31 January 1710, 244.

<sup>132</sup> *Guardian*, No.79, 11 June 1713, 314-5.

Pity so effectually, as when the Symptoms of Misery strike immediately upon our Senses'<sup>133</sup>. Indeed, it is remarkable that historians who (quite rightly) stress how predominant was the perception of the animality of the insane, in the classical age, fail to appreciate how enlightenment stress on the place of animals within the natural order; and on the sensibility of animals and the obligation of compassion towards them, made real inroads into the attitudes of contemporaries towards the insane<sup>134</sup>.

#### **'A Rare Diversion' And A Show For The Curious: Visiting The Insane As An Entertainment**

While neither the role of the charitable nor educated visitor to Bethlem has been adequately appreciated by historians, the majority of visitors to the hospital were not 'persons of quality'. Even those who were, were not primarily drawn to Bethlem to give alms, nor out of humanitarian duty and compassion, nor even by enlightenment pedagogy. The major enticement of Bedlamites was entertainment, pure and simple; at its worst, a motive Porter has aptly called 'the frisson of the freakshow'<sup>135</sup>. Visitors were essentially sightseers, for whom Bethlem was 'a sight', and 'a rare Diversion'<sup>136</sup>. Just as a trip to Bedlam served largely as a comic diversion in the plots of Jacobean drama, Bethlem was the obvious choice for contemporaries seeking (like James Yonge, the Plymouth surgeon, in 1678), to 'divert' themselves 'with all that was curious in London'<sup>137</sup>. Visiting Bethlem was a pleasure rather than a duty. Fluello's suggestion of going 'to see the madmen' at Bedlam, in Dekker's *The Honest Whore* (1607), produces a unanimous chorus of 'Mas content' from the players. Alphonso, having been shown a mad Englishman, scholar and parson, in *The Pilgrim* (1621/2), exclaims his approval, 'I love their fancies'<sup>138</sup>. In

<sup>133</sup> Bernard Mandeville, *The Fable of the Bees: or, Private Vices, Publick Benefits* (London, 1723; 1st edn, 1714) (ed.), F.B. Kaye (Oxford, Clarendon, 1924), vol. i, remark (P.), 173.

<sup>134</sup> See *Ibid.*, *passim*; Hogarth's engraving 'The Four Stages Of Cruelty', plate 77, 80; Keith Thomas, *Man and the Natural World: changing attitudes in England 1500-1800* (London, Allen Lane, 1983), . Thomas's study is particularly pertinent, in its stress on the anthropomorphic conception of the natural order. See, also, John Gregory, *A Comparative View of the State and Faculties of Man with those of the Animal World* (London, 1765).

<sup>135</sup> Porter, *Manacles*, 122. See Altick, however, for original application of 'freakshow' metaphor to Bethlem; *The Shows of London*, 44.

<sup>136</sup> Tryon, *Dreams*, 291.

<sup>137</sup> *The Journal of James Yonge* (ed.), F. N. L. Poynter (London, Longmans, 1963), 1678, 158-9.

<sup>138</sup> *Honest Whore*, IV, ii, ls 105-6; *Pilgrim*, IV, iii, ls 20-45.

a similar fashion, in *The Changeling* (1622), Isabella asks Lollo, the keeper, to 'Afford me then the pleasure of your bedlam'<sup>139</sup>.

Londoners and tourists from the country and abroad flocked to Bethlem in droves, as one of the wonders of the city. Bethlem was, typically, just one stop on a tour that could include any or a number of the sights; Fisher's Folly, the Tower, Westminster Abbey, the Zoo, the Waterworks, London Bridge, the Exchange, Whitehall, the China Houses, the theatre, the gardens of London, and the other amusements of Moorfields. Obviously, one needs to escape from exaggerated statements like 'everybody who lived in London or ever came to London visited Bethlem as a matter of course'<sup>140</sup>. There is no doubt, however, that, like its patients, the majority of Bethlem's visitors must assuredly have hailed from London and its environs, and that Bethlem was one of the major attractions for visitors from outside the capital. Indeed, native Londoners and other residents seem to have felt a real obligation to show their guests Bethlem. It is according to this tradition, transposed to Spain in Fletcher's *The Pilgrim*, that Pedro, as a stranger to Segovia, is conducted to the city madhouse by a resident gentleman. For such gentlemen, Bethlem was merely a 'showe' 'worth view', and might even cheer and divert them (as it was intended for Pedro) from their own melancholy. Thus, also, Mackmode, in George Farquhar's *Love and a Bottle* (1697/8), as an Irishman visiting London (as was Farquhar himself, in 1697/8), 'longs', 'Of all the Rarities of the Town', 'to see nothing more than the Poets [i.e. Poets' Corner, in Westminster Abbey] and *Bedlam*'<sup>141</sup>. However inhumane visiting the insane was to appear by the latter eighteenth century, to polite society formerly it might on the contrary, be considered 'barbarous *not* [my italics] to have let' a young lady down from 'the Country' 'see the Tower, the abby, and Bedlam, and two or three Plays'<sup>142</sup>.

Quite apart from fiction, in 1610, Lord Percy, Lady Penelope and her two sisters 'saw the lions, the shew of Bethlem, the places where the prince was created, and the fireworks at the Artillery Gardens'<sup>143</sup>. Samuel Pepys sent his cousin's children (down from Cambridge for a fortnight) 'to see Bedlam', in 1669, as their first treat on an itinerary that was to embrace

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<sup>139</sup> *Changeling*, III, iii, l 21; 45.

<sup>140</sup> O'Donoghue, *Bethlehem*, 152.

<sup>141</sup> II, ii, ls 346-8.

<sup>142</sup> See Fielding, *CGJ*, No.54. 1752, 294.

<sup>143</sup> See *Hist. MSS. Report VI*, pt.i, appendix, 229b, 6 February 1610; O'Donoghue, *Bethlehem*, 405.

shopping, dancing, dining, the theatre, the Glass House and Westminster Abbey<sup>144</sup>. Provincial medical men sojourning or studying in London, as were Nicholas Blundell, Richard Kay and James Yonge, also diverted themselves with tours round Bethlem and other sights, and were apt to return once or twice to show family and friends what they had seen<sup>145</sup>. Likewise, resident Londoners themselves, like John Evelyn (in 1657) and James Boswell (in 1775), 'step'd in to Bedlame' out of 'curiosity', expecting to see something 'extraordinaire' or 'remarkable'<sup>146</sup>.

Curiosity was so standard a motive for visiting Bethlem that, outlining the layout and management of the hospital simply and factually in 1761, *The Royal Magazine* described its 'small entrance' adjoining the 'large [central] pair of iron gates' as 'for the admission of those who come out of curiosity to visit this hospital'<sup>147</sup>. Mere 'Curiosity' was, indeed, a respectable enough motive to be ascribed to the Prince of Wales's visit to Bethlem and conversations with some of its patients in 1735<sup>148</sup>. Visitors themselves most commonly and unconsciously spoke of viewing Bethlem for this reason, and referred to its patients as 'curiosities' or 'remarkable characters'<sup>149</sup>. Many came with a mind to see particular patients and enquired after such patients to the staff. The German traveller and connoisseur, von Uffenbach, visited Bethlem in 1710 having heard of a patient 'who is said to have crowed all day long like a cock'<sup>150</sup>.

<sup>144</sup> *The Diary of Samuel Pepys* (ed.), Robert Latham & William Matthews (Bel & Hyman, London, 1983), vol. ix, 19 February 1669, 454. This was six years prior to Pepys's election as a governor of Bridewell and Bethlem, on 18 June 1675, at the nomination of his friend, the Bethlem Physician, Thomas Allen.

<sup>145</sup> Blundell, a Lancashire apothecary, 'walked to Bedlom' on his first visit to London, in 1703, and returned on at least two subsequent occasions, in 1717 and 1723, to show his wife and daughters the same, and other sights of the city. *The Great Diurnal of Nicholas Blundell of Little Crosby, Lancashire (1702-28)* (ed.), J. J. Bagley, The Record Society of Lancs. & Cheshire (Liverpool, London & Prescott, 1968-72), 3 Vols; Vol. I, 8 May 1703, 35; Vol. II, 31 August 1717, 208, & Vol. III, 19 August 1723, 113. Kay, a Lancashire doctor, visited Bethlem twice when studying at Guy's hospital in 1743-4, initially with a London apothecary, Edward Sparrow, and latterly 'with Friends' and taking in the Tower as well. Kay, *Diary*, 12 August 1743 & 21 May 1744, 68 & 83. Yonge, a Plymouth surgeon, physician and Lord Mayor, visited Bethlem just two years after its rebuilding, in between seeing Henry VIII's chapel, the Exchange, London Bridge & the Tower. *Journal*, 1678, 158.

<sup>146</sup> Evelyn, *Diary* (ed.), E. S. De Beer (Oxford, Clarendon, 1955), Vol. III, 21 April 1657, 191; Boswell, *Life of Johnson*, 8 May 1775, 635.

<sup>147</sup> *R.M.*, Vol. V, August 1761, 60.

<sup>148</sup> *LEP*, No. 1239, 25-28 October 1735.

<sup>149</sup> See e.g. William Hutton, *The Life of William Hutton*, pub. by his daughter, Catherine Hutton (London, 1816), 1749, 71; Yonge, *Journal*, 158; *The World*, No. xxiii, 138; Ward, *London Spy*, 52 5; Brown, *Amusements*, 35.

<sup>150</sup> *London in 1710. From the travels of Zacharias Conrad von Uffenbach*, trans. & ed. by W. H. Quarrell

Although the staff knew 'nothing about him', von Uffenbach found ample satisfaction for his disappointment in a patient known as 'the Captain', whom he recommended as:

'the most foolish and ludicrous of all...because he imagined that he was a Captain and wore a wooden sword at his side and had severall cock's feathers stuck into his hat. He wanted to command the others and did all kinds of tomfoolery...'<sup>151</sup>.

This captain seems to be one of the patients depicted in a largely fanciful engraving of the same year (1710), by Bernard Lens and John Sturt, for the fifth edition of Swift's *Tale of a Tub*<sup>152</sup>. Yet the model is so close to the proverbial 'mad-cap' and to that of Ward's 'merry fellow in a straw cap', who claimed to have 'an army of eagles at his command', that, like most of the caricatures visitors drew, one doubts its authenticity<sup>153</sup>. Other notorious curiosities, like Cromwell's Porter, Daniel; the playwright, Nathaniel Lee; the Cambridge organist, John Thamar; the naval office clerk, James Carkesse; and the attempted regicide, Margaret Nicholson; all seem to have been star attractions and to have enticed extra custom to the hospital<sup>154</sup>. The

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& Margaret Mare (London, Faber & Faber, 1934), 51. For another instance of patients making the noises of animals and birds, see *The Changeling*, III, iii, ls 190-98, 54.

<sup>151</sup> Von Uffenbach, *op. cit.*, 51. Altick gives the erroneous impression that von Uffenbach actually saw this patient. Altick, *Shows*, 45.

<sup>152</sup> See Byrd, *Visits*, Plate 61, 53.

<sup>153</sup> See Ward, *London Spy*, 52. The character probably owes more to a satirical intent to mock the vain ambitions of the Archduke Charles, later to be the Emperor Charles VI. See John Arbuthnot, *The History of John Bull* (London, 1712) (ed.), Alan W. Bower & Robert A. Erickson (Oxford, Clarendon, 1976), ref. 72, 218.

<sup>154</sup> For Daniel, see preface of Thomas D'Urfey's, *Sir Barnaby Whigg* (London, 1681); *A Satyr in Answer to the Satyr Against Man in Poetical Recreations* (London, 1688), part II, l.82; *Visits from the Shades* (London, 1705), part II, 129-41; Matthew Prior, *A Dialogue between Oliver Cromwell and his Porter* (London, 1721), in *The Literary works of Matthew Prior*, (eds) H. Bunker Wright & Monroe K. Spears (Oxford, Clarendon Press, 1971), vol. I, 655-65 & vol. II, 1020-21; Reverend C. Leslie, *The Snake in the Grass: or, Satan Transform'd into an Angel of Light Discovering the Deep and Unsuspected Subtlety which is Couched under the Pretended Simplicity of many of the Principal Leaders of those People call'd Quakers* (London, 1696), lxxiv, lxxxviii-xciii; Yonge, *Journal*, 158; O'Donoghue, *Bethlehem*, 185-7. Daniel was alleged to be 7 feet 6 inches tall, and the model for Cibber's statue 'raving madness'. Even when visited by Yonge in 1678, he was still 'the most remarkable' sight amongst the patients. Yonge 'looked into a hole of his door and heard him pray extempore'; i.e. in the standard canting style for which the Puritans were renowned. For Lee, see William Wycherley, *To NATH. LEE, in Bethlem, (who was at once Poet and Actor) complaining, in His Intervals, of the Sense of his Condition; and that He ought no more to be in Bethlem for Want of Sense, than other Mad Libertines and Poets abroad, or any Sober Fools whatever*, in *The Complete Works of William Wycherley* (ed.), Montague Summers (London, The Nonesuch Press, 1924) vol. III, 233-7; *Letters of Sir George Etherege* (ed.), Frederick Bracher (Berkeley, Los Angeles & London, University of California Press, 1974), ltr to Earl of Dorset, 4 August 1687, 135; Roswell Gray Ham, *Otway and Lee. Biography from a Baroque Age* (New Haven, Yale University Press, 1931), esp. 207-20, 241-2; Brown, *Works*, II, ii, 78; Bowman, MS notes to Langbaine; *Satyr against the Poets*, BM. MS. 162 B. 8 (7317). For Thamar, see Ward, *London Spy*, 51; Brown, *Amusements*, 36. For Carkesse, see James Carkesse,

new magazine literature of the eighteenth century, quite consciously mixed 'the curious' with the 'instructive', and it was in this vein that an account of a visit to Bethlem was justified as a subject befitting *The Gentleman's Magazine* and the educated readership in general<sup>155</sup>. Such accounts plainly and purposefully pricked people's curiosity, just as Boileau's sketch of 'the *Petit Maison* or Bedlam of Paris' had 'tempted' Swift's friend, John Sican, 'to go and see it' in 1735<sup>156</sup>. It was in this climate that men like Boswell could claim that, besides the 'firmness' required 'to visit the receptacles of insanity', a 'sufficient' degree of 'curiosity' was needed<sup>157</sup>.

If an enquiring mind was a *sine qua non* of enlightenment, however, curiosity for its own sake was widely repudiated by the educated elite, and as much as some strove to gratify public curiosity, others strove to discredit it. As a motivating force, curiosity was treated as the lowest common denominator, an animal instinct which impelled the looser members of the public. Swift appreciated the utility of 'Curiosity' merely as a 'Bridle in the Mouth' or 'Ring in the Nose' with which to entrap the 'lazy..impatient, and...grunting Reader'<sup>158</sup>. The hankering of the populace for 'sights', 'Wonders, Shows and Monsters', 'no matter how insignificant', solely in order 'to gratify their curiosity' (even though indulged 'from the highest to the lowest'), was ridiculed by educated men, from Steele and Addison to Fielding, as unavailing, idiotic and barbaric<sup>159</sup>.

The curiosity of visitors to Bethlem was conceived in an increasingly negative light, as the period progressed. The darker voyeurism and insouciant titillation lurking beneath the inquisitive veneer of many a polite visitor, was brought steadily to the fore of contemporary descriptions. It is captured most pointedly in the final scene of Hogarth's *The Rake's Progress* (1735 & 1763). Here (Fig. 2e), in the disposition of two visiting ladies of fashion (one, with fan

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*Lucida Intervals* (London, 1679) and *infra*. For Peg Nicholson, see Sophie von la Roche, *Sophie in London* (1786), trans. Claire Williams (London, Jonathan Cape, 1933), 169-70.

<sup>155</sup> See e.g. *GM*, vol. 18, May 1748, 199.

<sup>156</sup> Boileau, *Satire IV, Les Folies Humaines*, and *The Correspondence of Jonathan Swift* (ed.), Harold Williams (Oxford, Clarendon, 1963), vol. IV, 425, ltr from Sican, Paris, 20 October 1735, 424-5.

<sup>157</sup> Boswell, *Hypochondriac*, 1778, 197.

<sup>158</sup> *A Tale of A Tub and other satires* (ed.), Kathleen Williams (London, J. M. Dent & Sons, 1975), *Tale of A Tub*, xi, 130. See, also, W. B. Carnochan, *Confinement and Flight. An Essay on English Literature of the Eighteenth Century* (California, University of California Press, 1977), 91-3, and *passim* for a good discussion of this passage and of the literature of confinement in general.

<sup>159</sup> See *Spectator*, Nos 13, 31, & 36; 15 March, 2 April & 11 April 1711; 55-9, 124-7, 149-52; Fielding, *Citizen*, ltr xlv, 175, 260-63; *Tatler*, No. 55, 16 August 1709, 384-8.

and the corners of her mouth raised; the other gesturing and whispering, before the open cell of a urinating mad monarch); curiosity has become amusement, and even disdain<sup>160</sup>.

Indeed, above and beyond their curiousness, Bedlamites were 'good clean fun'<sup>161</sup>, and many visitors, even amongst the upper echelons of society, were quite open in public about the 'delight' Bethlem afforded them. 'Benevolus', a correspondent to *The London Chronicle* in 1761 related the answer of one such lady visitor of whom he had asked whether it was possible that she had obtained 'any degree of pleasure' from visiting Bethlem:-

'Oh yes, replied she with a smile, I assure you I was highly entertained; I met with some very amusing objects; and I heard a great many excellent stories; and was prodigiously delighted with the humour of the mad folks'<sup>162</sup>.

Amusing anecdotes concerning the antics witnessed during a day's visit were clearly considered thoroughly in keeping with 'the gaiety and good humour' of many a polite table. William Hutton (F.A.S.S.), a Birmingham man of means, claimed to have 'never [been] out of the way of entertainment' in London, in 1749, specifying a trip to Bethlem where he had 'met with a variety of curious anecdotes' and 'found conversation with a multitude of characters'<sup>163</sup>. While the representativeness of such an attitude amongst upper class visitors is subject to doubt by the 1760s, previously spectators had more often treated Bethlem as an entertainment, and the lower classes, who comprised the majority of visitors, continued to do so until the practice was banned in 1770.

Spectators often reacted with delight and outright laughter at what they perceived to be the absurdities and extravagances of madness. The poet and essayist, Abraham Cowley, having been to Bethlem on two or three occasions with 'company', observed in 1666/7 how the generality of visitors were 'very delighted with the fantastical extravagance of so many various madnesses'<sup>164</sup>. This attitude is exemplified in the well-known accounts of Ned Ward and Tom Brown of their visits to Bethlem at the turn of the eighteenth century. Ward and an unnamed companion

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<sup>160</sup> 'The gigglers and the whisperers' and the 'Lady Fidget[s]', amongst the ladies about town, were regularly the subject of moral stricture and ridicule in the contemporary press. See e.g. *The Connoisseur*, No. 14, 2 May 1754, 55-9; *Tatler*, No. 174, 20 May 1710, 453-4.

<sup>161</sup> Porter, *Manacles*, 92.

<sup>162</sup> *London Chronicle*, 21-3 May 1761, 491.

<sup>163</sup> Hutton, *Life*, 1749, 71.

<sup>164</sup> Cowley, *Several Discourses by Way of Essays in Verse and Prose* (London, 1668) (ed.), H. C. Minelin (1904), from 1669 & 1672 editions, essay 8, 'The dangers of an Honest man in much Company', 93-4.



scoured through the hospital at a rapid pace, in an unashamed search for 'remarkable figure[s] worth our observing', starting up conversations solely 'to divert' and 'entertain' themselves with patients' 'frenzical extravagancies' and 'whimsical vagaries'. Brown's description of Bethlem as one of 'the most Remarkable Things' in London; as 'but one entire Amusement'; or as 'a pleasant Piece' which 'abounds with Amusements', elaborated little on Ward's<sup>165</sup>. Brown, too, detailed at rapid fire the stock catalogue of patients confined at Bethlem. Indeed, the 'lower life' of the enlightenment press was quite prepared to pander to the popular taste for entertaining spectacles<sup>166</sup>.

It was in a similarly 'pleasant' fashion that Bethlem was presented in guides like *Les Délices d'Angleterre* (1707), and *Travels in London* (1710), to (and by) foreigners, who flocked to Bethlem to be amused by the 'tomfoolery' of the patients<sup>167</sup>. Even churchmen and moralists partook of the atmosphere of frivolity and gaiety surrounding a visit to Bethlem. Swift set out at 10 a.m. on a December morning in 1710, with such a large aristocratic party of ladies, gentlemen and children (for there were no limits on the number or age of visitors to Bethlem, until the latter eighteenth century), to see 'the Tower', 'lions', 'Bedlam' 'Gresham College', 'the Puppet-Shew' and 'all the sights', that three coaches were required<sup>168</sup>. Swift's friend and compatriot, William Flower, related (retrospectively) a kindred 'tour of the city' in a letter to Swift, about twenty years later, when he, his wife, aunt and uncle, and a 'parson', 'saw *Bedlam*, the lions, and what not', the 'engine under *London Bridge*', Whitehall and 'the glass-house'<sup>169</sup>.

While it would be unwise to caricature the Bethlem 'crowd' as of any particular type, the majority of visitors do seem to have belonged, and were recognised by contemporaries as 'belonging, generally to the lower classes'<sup>170</sup>. Moreover, it was the lower classes who were more frequently observed to 'visit this hospital' in order 'to amuse themselves watching' the patients,

<sup>165</sup> Ward, *London Spy*, 51-5; Brown, *Works*, vol. III, 35-8.

<sup>166</sup> For an illuminating comparison with the press of enlightenment France, see e.g. Robert Darnton, *The Literary Underground of the Old Regime* (Cambridge Mass. & London, Harvard University Press, 1982).

<sup>167</sup> Von Uffenbach, *op. cit.*, 51-2; *Les Délices de la Grande Bretagne*, pub. by James Beeverell 8 vols issued à Leide in 1727, iv, 831, originally pub. as *Délices d'Angleterre*....

<sup>168</sup> At least 12 persons were in the party. See Swift's *Journal to Stella* (ed.), Harold Williams (Oxford, Clarendon, 1948), vol. I, ltr xi, 13 December 1710, 121-3.

<sup>169</sup> Swift, *Correspondence*, vol. III, ltr 18 March 1729, 320.

<sup>170</sup> De Saussure, *Foreign View*, 93.

and to obtain most 'cause for laughter' from what they saw<sup>171</sup>. Educated spectators in both centuries, but with mounting vehemence, dissociated themselves from 'the generality' of visitors to Bethlem, whom they condemned as 'this staring Rabble'; a 'rude...obstrep'rous Multitude'; a 'Profane, illiterate Herd' and a 'mob'<sup>172</sup>. To go further according to contemporary testimony, this rabble seems to have comprised large numbers of young people, especially the unemployed, or those with time on their hands, and the usual quota of apprentices. As Malcolmson has argued, the young were invariably prominently involved in recreational activities, which provided them with opportunities 'for courtship and sexual encounters'<sup>173</sup>, an outlet for excess energy, and for less inhibited pleasure-seeking. Young apprentices and labourers took their sweethearts to Bethlem in a manner akin to their enjoyment of 'all the fun of the fair'. Robert Hooke's workman, Harry, 'grumbled' openly to the future Bethlem architect in 1673, when Hooke forced him to work on the Tuesday 'his sweethart [was] here [i.e. in town] to see things and Bedlam'<sup>174</sup>. The riotous behaviour of apprentices in London, who enjoyed a wide licence to dispose of their leisure time as they liked, was a notorious source of complaint during the seventeenth and eighteenth centuries<sup>175</sup>. With this in mind, it is not surprising that young people and apprentices figure so conspicuously amongst grievances concerning visitors to Bethlem.

Indubitably, the way in which the rabble element amongst visitors obtained their entertainment and treated the patients they encountered was often vicious in the extreme. The more restrained amusement of polite society became the uncontrolled mirth, mockery and callous teasing of the masses (encountered with equal regularity at punitive spectacles like the stocks, the whipping post, and public executions)<sup>176</sup>. Many contemporaries visited Bethlem solely with

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<sup>171</sup> *Ibid*

<sup>172</sup> See e.g. Cowley, *Discourses*, 93-4; Tryon, *Dreams*, 291; Wycherley, *Works*, 303; Jacob, *Bedlam*, 13; Samuel Richardson, *Familiar Letters on Important Occasions* (London, 1741) (ed.), Brian W. Downs (London, 1928) ltr cliii, 201-2; *The World*, No. xxiii, 138.

<sup>173</sup> Robert W. Malcolmson, *Popular Recreations in English Society 1700-1850* (Cambridge, Cambridge University Press, 1973), 53-6.

<sup>174</sup> See *The Diary of Robert Hooke 1672-80* (eds), H. W. Robinson & W. Adams (London, Taylor & Francis, 1935), 20 May 1673. See, also, Carey's account of an apprentice's visit to Bethlem with his 'sweetheart', in his *Poems*, referred to below.

<sup>175</sup> See e.g. M. Dorothy George, *London Life in the Eighteenth Century* (London, Penguin, 1987 : originally, Kegan Paul, 1925), 268-9 & 271-5.

<sup>176</sup> See Michel Foucault, *Discipline and Punish* (Penguin/Peregrine, 1979), originally pub. as *Surveiller et Punir. Naissance de la Prison* (Editions Gallinard, 1975); Pieter Spierenburg, *The Spectacle of Suffering: Executions and the Evolution of Repression* (Cambridge, CUP, 1984); Thomas W. Laqueur, 'Crowds, carnival

this purpose in mind, 'merely', as a correspondent to *The Gentleman's Magazine* declared, in 1748, 'to mock at the nakedness of human nature, and make themselves merry'<sup>177</sup>. The most graphic account of the form this entertainment took and its effect on the patients, was given by Thomas Tryon, in his *A Treatise of Dreams and Visions* (1689)<sup>178</sup>. Visitors were admitted indiscriminately, complained Tryon, permitted to abide 'for several hours (almost all day long)', and made so much 'noise' and pestered patients with so many questions that 'they can never be at any quiet'. Tryon described how (typically young and 'Drunken') visitors delighted in interrogating patients with no end of 'vain' and 'impertinent Questions'; such as 'what are you here for ? How long have you been here, & c'; purely in order to incense the patients and afford themselves a feast of 'Laughing and Hooting' at the 'Raving...Cursing and Swearing' they had precipitated. The mockery was conducted irrespective of gender, alleged Tryon, and usually succeeded in rendering patients 'twice more fierce and violent' even if 'calme and quiet before'. Plainly it involved a good deal of youthful exhibitionism and showing off, visitors aping the role of conductors and 'going along from one Apartment to the other, and Crying out; This Woman is in for Love; That Man for Jealousie; He has Over-studied himself, and the Like'.

Tryon's observations are supported by numerous other testimonies. Contemporaneously with Tryon, William Wycherley visited Nat Lee (confined in Bethlem 1684-5), and condemned the entertainment of his 'Gaping Audience', penning lines like:-

And now, the Rabble to thee does resort  
That thy Want of Wits may be their Sport<sup>179</sup>.

Even in Wycherley's poem, while not willing to 'Blame' the madman, and full of contempt for the 'Sport' afforded 'the Vulgar', there is a spiteful vindictive tone, which presents Lee's fate as befitting his shameful life and the way in which his writings had courted the rabble. Likewise, in 1723, Hildebrand Jacob (somewhat ambiguously) denounced the 'unseasonable Mirth' of 'the noisy Crowd' of visitors, 'who joy to see/ Man fallen from his native Dignity'<sup>180</sup>. During holiday

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and the state in English executions, 1604-1868' in *The First Modern Society: Essays in English History in Honour of Lawrence Stone* (eds), A. L. Beier, David Cannadine & James M. Rosenheim (Cambridge, CUP, 1989), 305-56; Gerald Howson, *To Catch a Thief. The Life and Times of Jonathan Wild* (London, Cresset Library, 1987), originally pub. as *Thief-Taker General* (Victoria, Century Hutchinson, 1970).

<sup>177</sup> *GM*, vol. 18, May 1748, 199.

<sup>178</sup> *Dreams*, 288-93.

<sup>179</sup> *Works*, 235.

<sup>180</sup> *Bedlam*, 13.

periods, the 'Sport' often became riotous. The (aforementioned) correspondent to *The World* of 1753, related seeing:

'a hundred people at least...suffered unattended to run rioting up and down the wards, making sport and diversion of the miserable inhabitants',

on visiting the hospital during 'Easter-week'<sup>181</sup>. Like Tryon, he had witnessed 'some' of the patients:

'provoked by the insults of this holiday mob into furies of rage; and...the spectators in a loud laugh of triumph at the ravings they had occasioned'.

The episode of the young Bristol apprentice, which caused such a stir in the press of the 1760s, involved the same sort of 'insult[s]', 'laughing' and 'interrogatory', detailed by Tryon and in *The World*, but with the crowning cruelty of the apprentice spitting in the face of the patient he was watching, through the wicket of the cell door<sup>182</sup>. Indeed, the very method by which many patients were ogled, through these small barred apertures, may have emphasised the distance, both physical and moral, between the observer and the observed, and acted as an incitement to cruelty. The prevailing vision of the insane as animals, and the zoo-like conditions in which many were kept (particularly the 'wet'/incontinent and violent cases); in straw, naked or virtually so, and in chains; clearly provoked considerable antipathy at the sound, sight and smell of Bedlamites<sup>183</sup>. The pleasure which some visitors received from 'venting' their 'wanton dispositions' upon such patients was pure sadism (and visiting was curtailed at Bethlem just decades before de Sade was imprisoned).

To take such representations of visiting Bethlem at face value, nevertheless, is to ignore their pervasively polemical content. Historians have too often simply echoed the shocked tones

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<sup>181</sup> *The World*, xxiii, 138.

<sup>182</sup> *London Chronicle*, 21-3 May 1761, 491; Walpole, *Correspondence*, ltr to Conway, 29 October 1764; *The Public Advertiser*, 29 October 1764; *St. James's Chronicle*, 27-30 October 1764.

<sup>183</sup> Swift's profound aversion to 'the noise, the sight, the scent' of the mad, is only too familiar. See *A Character, Panegyric, and Description of the Legion Club* (Dublin, 1736), in *The Poems of Jonathan Swift* (ed.), Harold Williams (Oxford, Clarendon, 1937), 2nd edn (1966), ls 52, 234-5, & 153-4, 831-5; *Tale of a Tub* (1702), 112-3; 'Accost the Hole of another Kennel, first stopping your Nose, you will behold a surly, glaring, nasty, slovenly Mortal, raking in his own Dung, and dabbling in his Urine. The best Part of his Diet, is the Reversion of his own Ordure, which escaping into Steams, whirls perpetually about and at last reinfunds...'; *Gulliver's Travels* (1726), 'A Voyage to Laputa', 178-9; 'I went into another Chamber, but was ready to hasten back being almost overcome with a horrible stink...'. Thomas Fitzgerald, in his *Bedlam. A Poem* (1733 & 1776), 13, surely mimics Swift in his lines about a patient hording 'his slender Meals...Till to huge Heaps his treasur'd offals swell/ And stink in every Corner of his Cell'. See, also, Pope, *The Dunciad*. For the reality behind these images; e.g. instructions to staff to remove patients' leftovers from their cells; and the general state of hygiene at the hospital, see chap. 3.

of contemporary 'reformers', and presented shocking (or even inaccurate) accounts of visiting, as if standard and all embracing assessments of the practice. For Richard D. Altick (1977), even the disposition of the cells 'in galleries' at Bethlem is perceived merely as part and parcel of its zoological and recreational function, and as conforming entirely to the dictates of spectacle. Of course, as I will show in chapter 3, the galleries had certainly not been constructed for the benefit of patients, and were, indeed, primarily a show piece for the public. When Roger L'Strange wrote his panegyric on the new hospital, in 1676, admiring its palatial design and observing how 'the Vast Length' of 'the Galleries' 'wearies [the]...Travelling eyes' of visiting 'Strangers', he was responding very much as the Governors would have liked their visitors to respond<sup>184</sup>. The galleries were also, however, an essentially conventional and pragmatic structural arrangement, allowing for both security/seclusion and freedom of access (for governors and staff, as well as visitors); and an arrangement emulated at subsequent asylums (St. Luke's, St. Patrick's, Manchester) opposed to public visiting and that was also adopted for the new 'reformed' Bethlem, constructed at St. George's Fields, in 1814/15. Intent on conveying 'the full horror of Bedlam', Altick offers no motive for visiting beyond that of entertainment, and entertainment of a particularly sadistic order:-

'in each [cell]...was a chained lunatic, whose behavior, if it were not sufficiently entertaining to begin with, was made so by the spectators' prodding him or her with their sticks or encouraging further wildness by ridicule, gestures, and imitations'<sup>185</sup>.

In a 1984 publication, summing Bethlem up in a similar fashion, it is more than simply lapses of memory which explain Mary R. Glover's inaccuracies and confounding of the abuses of visitors with those of staff:-

'young men would take their girl-friends there of a Sunday to be diverted by the maniacs, for a charge of 2d per head. If the patients were withdrawn or lethargic, the keepers would prod them with sticks to enrage them so that their betters could have their money's worth of fun'<sup>186</sup>.

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<sup>184</sup> Roger L'Strange, *Bethlehems Beauty, Londons Charity, and the Cities Glory, A Panegyric Poem on that Magnificent Structure lately Erected in Moorfields, vulgarly called New Bedlam. Humbly Addressed to the Honourable Master, Governours, and other Noble Benefactors of that most Splendid and useful Hospital* (London, 1676).

<sup>185</sup> Altick's specified sources for his account of the show at Bethlem are limited to O'Donoghue, Byrd, Ward, Richardson, and von Uffenbach, and none of these speak of spectators prodding patients with sticks. Where he obtained this information and how spectators reached the 'chained lunatics' through the grates of cell doors is a mystery to me. *Shows*, 45

<sup>186</sup> *The Retreat York. An Early Experiment in the Treatment of Mental Illness* (York, William Sessions Ltd, 1984).

For Anne Digby, too, public visiting at Bethlem serves merely as a gauge of brutality with which to measure the humanity and 'the therapeutic optimism' of late eighteenth century developments in the management of insanity, or more specifically, once again, the York Retreat<sup>187</sup>.

Not only are such assessments inaccurate in detail<sup>188</sup>, they are moreover unrepresentative, and neglect the variety of motives and responses involved in seeing the insane. Altick and Glover, especially, accept a flagrant abuse of the custom unquestioningly, as not only factual, but normative. Not all lower class visitors, however, abused their licence and disturbed the patients. The visit of a tinman's wife to James Carkesse, when he was under mechanical restraint in Bethlem during the 1670s, afforded him great pleasure<sup>189</sup>. It would be simply ridiculous to maintain that the masses were totally bereft of sympathy for the patients they saw, if only on the basis of the devotion of some poor families and friends to their distracted kin<sup>190</sup>. The masses were far from insensible to the sermons of their parish priests, or the ethics of kinship and Christian neighbourliness<sup>191</sup>. While, in *The Pilgrim*, both the servant maid, Juletta, and the gentleman, Roderigo, refer to the mock-fool they encounter as 'it' or 'the thing', and as 'pretty' or 'handsome', their reactions prove much more generous and complicated than might be expected of visitors. Although enjoying 'the sport' the 'Foole' affords her, Juletta displays both pity and charity towards her disguised mistress (giving her 'a Royall'), and even the 'wild' Roderigo proves capable of sensibility and 'repentance' for his former cruelty<sup>192</sup>.

Any view of popular visiting (as with popular culture) is apt to distort by its necessary

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<sup>187</sup> Digby, *Retreat*, 2-4.

<sup>188</sup> Sunday visiting was banned in the 1650s; a visit did not cost 2d until the latter eighteenth century; 'Mopish' patients were only forced out of their beds as a form of occupational therapy, after 1765, and never (as far as I know) with sticks; ill-motivated visitors were accustomed to bait (but rarely, if ever, to 'poke') patients for their amusement; and there was little distinction in terms of social class between patients and the majority of visitors. On the basis of von Uffenbach's *Travels*, Altick gives the erroneous impression that visitors normally observed 'the milder patients' in their exercise yards (when, in reality, it was in the galleries); and that it was these yards where visitors threw their money to patients (when in reality money was usually thrown into patients' cells, given directly to hand, put in the poor's box, or left with a member of staff). Moreover, with barely a shred of evidence, Altick concludes the rewarding of patients in this way to have been exceptional, does not even refer to the intention of contributing towards patients' relief and implies that visitors were more interested in each other than in the patients.

<sup>189</sup> *Lucida Intervalla*, 36.

<sup>190</sup> See *infra*, chap. 8.

<sup>191</sup> See e.g. Jeremy Boulton, *Neighbourhood and Community in Southwark* (Cambridge, CUP, 1987).

<sup>192</sup> IV, i & IV, ii, ls 170-75.

reliance on the accounts of educated men, who were predisposed towards disdain. The reactions of the low born and predominantly illiterate to what they saw at Bethlem simply do not survive, outside of the biased versions of their betters. Literary and journalistic descriptions of visits were often founded more on imagination and hearsay than fact, and are better guides to elite attitudes than to the reality of visiting Bethlem. Even the most faithful renditions are often embellished with apocryphal detail<sup>193</sup>. It was holiday periods when visiting really got out of hand and which formed the basis of contemporary complaints, and the focus of the Governors' own preventative measures<sup>194</sup>. Indeed, one must place the entire invective against popular visiting within the larger context of a long tradition of hostility and legislation directed against Sabbath breaking, holidays and popular entertainments, during this period, from Puritans and evangelicals, to local officials and the governing elite<sup>195</sup>. Nor were those who found it amusing to watch the insane so 'generally' members of 'the lower classes' as members of the elite, and some modern historians, would have it. The yobs singled out by the author of *The World* in 1753, as belonging to the same rank as the holiday mob of Bethlem, comprised a heterogeneous bunch of proles and young lairds; those prone to:-

'run loose about the town, raising riots in public assemblies, beating constables, breaking lamps, damning parsons, affronting modesty, disturbing families, and destroying their own fortunes and constitutions'<sup>196</sup>.

The historian of psychiatry has something to learn, also, from the acres of scholarship on the history of 'the crowd' and the '*canaille*' propaganda of the Age of Reason<sup>197</sup>. Outside of holidays, visiting was very much perceived as an obligation, as well as a recreation of the leisured classes.

In fact, aspects of enlightenment pedagogy went some way towards supporting a positive attitude towards popular entertainments like visiting Bethlem. Enlightenment publicists in both

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<sup>193</sup> The moral tale of the apprentice's visit was repeated on numerous occasions, in the 1760s, and told differently each time. The 1761 serial entitled a 'Visit with Dean Swift' appears to be entire fantasy. Fitzgerald, also, seems entirely under the direction of his 'muse' in his *Bedlam* poem of 1733.

<sup>194</sup> See *infra*.

<sup>195</sup> See Malcolmson, *Recreations*; Keith Thomas, *Religion & Magic*, 75, 738-44; George, *London Life*, 278-81, 295-6, 387; Christopher Hill, *Society and Puritanism in Pre-Revolution England* (1964), esp. chap. 5.

<sup>196</sup> *The World*, xxiii, 139.

<sup>197</sup> See e.g. J. S. McClelland, *The Crowd and The Mob. From Plato to Canetti* (London, Unwin Hyman, 1989), partic. chap. 4; George Rudé, *The Crowd in the French Revolution* (Oxford, OUP, 1959); (*idem*), *The Crowd in History* (New York, John Wiley, 1964), & Tony Hayter, *The Army and the Crowd in Mid-Georgian England* (London, Macmillan, 1978).

England and France went to considerable lengths to amuse and divert and to dispel 'dullness' and 'Gloominess'<sup>198</sup>. They recognised as a general rule that 'Instruction' had to be rendered 'agreeable', by being blended with 'delight', and 'Morality' enliven[ed]...with Wit'. Popularisers, like Addison and Steele, quite consciously sought to attract a readership amongst 'the looser part of Mankind' in this way, by moderating the 'Severity' of their moralising with 'Humour'. The graphic art of artists like Hogarth displays similar concerns. 'The British Climate', which Augustan medical theorists viewed as one of the prime explanations for the propensity of the British race to all kinds of nervous diseases, was also cited by medical men and moralists to justify the 'need...to disperse Melancholy' with 'little incitements to Mirth and Laughter'<sup>199</sup>. Under the influence of Lockean theory, the conviction of the educated elite in the need 'to divert our Minds'; to discover and expose to view whatever is '*new or uncommon*', as a salutary pleasure principle; and in the insalubrity of 'dwell[ing] too long...on any particular Object', influenced attitudes to viewing the insane as much as works of art<sup>200</sup>. Thus, the variety, strangeness and absurdity of Bedlamites might legitimately arouse a degree of pleasure and fascination for contemporaries. In Addison's words, the peculiar appeal of the '*new or uncommon*', 'bestows Charms on a Monster, and makes even the Imperfections of Nature please us'. The renditions of visiting Bethlem by Brown and Ward marry very well with the circumscribed licence accorded by Augustans to the 'Pleasures of the Imagination', and the 'delight' or 'secret Pleasure' indulged for 'everything...Strange'. Steele's own account of enquiring 'into the particular Circumstances of those whimsical Freeholders', at Bethlem, in order to learn 'from their own Mouths the Condition and Character of each of them', mixes didacticism with diversion in a fashion not far removed from that of Ward and Brown. Despite his educative concerns, Steele referred to his visit to Bethlem as an 'entertainment'. His description of setting off, with his three young wards, 'a rambling in an Hackney-Coach, to show 'em the Town, as the Lions, the Tombs, *Bedlam*... and...other Places', is typical of its time, but is invested with a gaiety that would have been offensive to most educated men by the end of the century<sup>201</sup>. The hostility of what some have called the 'Age of Satire', to excessive sobriety and solemnity, took a good deal of the edge off

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<sup>198</sup> See *Spectator*, Nos 10 & 179, 12 March & 25 September 1711, 44-47 & 204-7; *Tatler*, No. 79, .

<sup>199</sup> See *Spectator*, No. 179; George Cheyne, *The English Malady, or, a Treatise of Nervous Diseases of all Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, & c* (London, 1733); see, also the modern edn. (ed.) Roy Porter (London & New York, Tavistock/Routledge, 1991); Sir Richard Blackmore, *A Treatise of the Spleen and Vapours: or, Hypochondriacal and Hysterical Affections* (London, 1725).

<sup>200</sup> See ref. 84.

<sup>201</sup> *Tatler*, No. 30, 18 June 1709, 223-6.



of the enlightenment moral didactic, and even mitigated educated disdain for the reaction of the masses in accounts of visits to Bethlem. Thus, in his *Bedlam. A Poem* (1723), Hildebrand Jacob turns the mirror upon 'a celebrated Member of the Schools', who, after pouring contempt upon the rabble of visitors, is 'Observ'd' by a 'surly *Lunatic*' (and the reader) to be no more than a 'canting Pedant', and is accosted by the same lunatic with the exclamation 'Hist, Sir Gravity !'<sup>202</sup>.

Another contemporary poet, Henry Carey, in his *The Ballad of Sally in our Alley* (c1713), far from condemning the enjoyment of 'a Shoemaker's 'Prentice', who had 'treated' 'his Sweet-heart' 'with a sight of Bedlam' and other entertainments, confessed to having been 'charm'd with the Simplicity of their Courtship'<sup>203</sup>. Addison alleged that it was 'Affectation or Ignorance' which disqualified many from sharing 'the Delight[s] of the common People'<sup>204</sup>. Burke and Malcolmson have both stressed how much the educated classes participated in popular culture and diversions, until the latter eighteenth century<sup>205</sup>. The heterogeneity of visitors to Bethlem is beyond doubt; lampooned by Ward as 'of all ranks, qualities, colours, prices, and sizes...a suitable Jack to every Jill', and described by Tryon as 'of all Ages and Degrees'<sup>206</sup>. As Porter has observed, negligible 'admission fees' not just for Bethlem, but for all kinds of recreational activities in this period, 'were great levellers', and meant that the most genteel were often obliged to rub shoulders with the commonest ranks<sup>207</sup>. For a visitor down from the country and eager to amuse himself, but restrained by 'shallow pockets' (as was William Hutton, in 1749), 'one penny, to see Bedlam' might be 'all...[he] could spare'<sup>208</sup>.

While the literati generally scorned 'to deride the lamentable lot of the wretches [they]...surveyed' at Bethlem, preferring to 'pity the manifold miseries of man', they might still (as did 'SOPHRON',

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<sup>202</sup> *Bedlam*, 13-14.

<sup>203</sup> *Poems on Several Occasions* (London, 1729; originally 1713), 128.

<sup>204</sup> *Spectator*, No. 70, 21 May 1711, 297.

<sup>205</sup> Peter Burke, *Popular Culture in Early Modern Europe* (Aldershot, Widwood House, 1988; orig. Maurice Temple Smith, 1978); (*idem*), 'Popular Culture', *London Journal*, Vol.9, No. 1, Summer 1983; Malcolmson, *Recreations*.

<sup>206</sup> Ward, *London Spy*, 55; Tryon, *Dreams*, 290.

<sup>207</sup> Porter, *England in the Eighteenth Century*, 250; M. Dorothy George, *London Life*, 278; Henry Fielding, *Enquiry into the Causes of the Late Increase of Robbers* (London, 1751), 9.

<sup>208</sup> *Life*, 71.

alias Joseph Warton, in *The Adventurer* of 1753, when relating an imaginary visit with Dean Swift) 'laugh at the follies' and elicit laughter through their writings from their readers<sup>209</sup>. Indeed, there is an extent to which Augustans felt that 'Madmen' and 'Frantick Behaviour' deserved to be made a spectacle of<sup>210</sup>. Even those as pious, sensitive and grave as the poet, William Cowper (who himself suffered successively from mental breakdowns), found it 'impossible not to be entertained' by the 'humorous air' and 'many whimsical freaks' of the patients he witnessed at Bethlem<sup>211</sup>. Although only 'a boy' when he had visited the hospital (probably during the 1740s), and 'not altogether insensible of the misery of the poor captives, nor destitute of feeling for them', his recollection was still demonstrative forty years later of something so 'ludicrous' that it 'would conquer' the most 'settled gravity'.

This argument may be overdone, however. Members of the literati like Cowper repeatedly denounced 'the entertainment of the rabble' in their writings<sup>212</sup>. Even (or especially) popularisers, like Addison, refused to 'Laugh but in order to Instruct', and always preferred 'Instructing' to 'Diverting'<sup>213</sup>. Ludicrousness for its own sake was abhorred by enlightenment publicists. Addison, Steele, Swift, and Pope, poured mountains of scorn upon the 'FALSE HUMOUR' or 'delirious mirth' of other authors, regarding wit divorced from morality as 'barbarous' and fit only for the ignorant plebs<sup>214</sup>. Many Augustans, like the Bethlem governor and physician-poet, Sir Richard Blackmore, remained hostile to 'delight' and amusement and devoted to didacticism<sup>215</sup>. Farcical 'mad Scene[s]' and visits to Bedlam, including those dramatised in *The*

<sup>209</sup> *Adventurer*, No. 109, 20 November 1753, 182-5. This visit was pure entertainment. It was elaborated, running into a number of editions, and was chosen for reissue in *The Beauties of all the Magazines Selected*, vol. i, December 1762, 481-5; vol. ii, March & April 1763, 100-102 & 195-8.

<sup>210</sup> See *Tatler*, No. 125, 26 January 1710, 238, where Steele threatens via the printed word to make any stubborn madman 'in a Months Time as famous as ever Oliver's Porter was'.

<sup>211</sup> *The Letters & Prose Writings of William Cowper* (ed.), James King & Charles Ryskamp (Oxford, Clarendon, 1979-82), 3 vols, vol. II, ltr to John Newton dated 12 July 1784, 265. For more on Cowper's breakdowns see Porter, *Manacles*, 265-7; *idem*, *A Social History of Madness. Stories of the Insane* (London, Weidenfeld, & Nicholson, 1987), 93-102, 242-3; and Cowper's own *Memoir of the Early Life of William Cowper* (London, 1816).

<sup>212</sup> Cowper, *Letters*, vol. II, ltr to Newton, 26 April 1784, 236-8, re. election rabble, and *passim*.

<sup>213</sup> *Spectator*, No. 179, 25 September 1711, 204-7.

<sup>214</sup> *Ibid*, and No. 35, 10 April 1711. See, also, Nos 23 & 58-63; Swift's ltr to *Tatler*, No. 230, 26-28 September 1710, in *Jonathan Swift* (Oxford, OUP, 1984), 252-5; and *idem* in *The Intelligencer*, No. III, 1728, in Kathleen Williams, *op. cit*, 239-44

<sup>215</sup> See e.g. Blackmore's *A Satire Against Wit* (London, 1699), in George deF. Lord (ed.), *Anthology of Poems*

*Pilgrim*, still pleased the generality of spectators when modernised and revived for an Augustan audience. To the educated elite, however, and to an actor who took part, such scenes appeared unelevating and inhumane, a 'Diminution...of human Nature', in contrast with the 'humane Madness' of Lear<sup>216</sup>. Even a staunch Christian moralist like Jeremy Collier, who defended the virtues of Jacobean drama (1698), and denounced the 'Frensy' of Ophelia as 'Lewd' and the 'Silly and Mad' scenes on which 'the Modern Stage seems to depend' as 'immodest', did so on similar grounds<sup>217</sup>. 'To laugh without reason, is the Pleasure of Fools', pronounced Collier, pure 'Diversion' is a 'Disease', and 'Instruction is the principal Design of both [Tragedy and Comedy]'<sup>218</sup>. Indeed, considerable efforts were taken to emphasise the need for 'a distinction between Mirth, and Madness', by stressing how close was uncontrollable laughter to 'Frensy', and to 'diswade' polite society from 'publick shews' and spectacles<sup>219</sup>. Steele and others amongst a new crop of moral essayists compared the chuckling of the 'Pit' to the noise of 'Animals' and 'Savages', and castigated the 'ignorant laughter' of the 'crowd' as a sign of their 'Insensibility to virtuous Sentiment'<sup>220</sup>.

Although for much of the period under examination the elite shared the culture of the masses, they generally 'despised the common people'<sup>221</sup>. The intermingling of the polite with the vulgar at public places was a volatile brew, and inevitable class tensions occasionally, and particularly during the crowded holiday seasons, produced riotous scenes. According to Henry Saville, on the 'young L[or]d Gerard of Bromley going with his mother to see Bedlam', within

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on affairs of State. *Augustan satirical verse, 1660-1714* (New Haven & London, Yale University Press, 1975), 593-610.

<sup>216</sup> *The Pilgrim* was revised by Vanbrugh (1700) and restaged at Drury Lane (1707). See *Spectator*, No. 22, 26 March 1711, 94-5.

<sup>217</sup> Collier, *A Short View of the Immorality and Profaneness of the English Stage* (London, 1698), modern edn. (Merston, Scolar Press, 1971), 10-11.

<sup>218</sup> *Ibid.*, 156-7, 160-4 & 204-5.

<sup>219</sup> *Ibid.*, 161-2, 252-5 & 262-5.

<sup>220</sup> See *Spectator*, No. 502, 6 October 1712, 280-3; *Guardian*, Nos 19 & 29, 2 & 14 April 1713, 76-9 & 110-15. In *Spectator*, no. 22, 26 March 1711, 92-6, Steele echoed Collier even more closely: 'Understanding is dismissed from our Entertainments. Our Mirth is the Laughter of Fools, and our Admiration the Wonder of Idiots'. See, also, Daniel Burgess, *Against Foolish talking and Jestings* (London, 1694); Corbyn Morris, *An Essay on Wit, Standards of Humour, Raillery, Satire and Ridicule* (London, 1744).

<sup>221</sup> Burke, *Popular & Elite Culture*, 286 & *passim*.

a year of its opening, he 'was so crouded with apprentices that took the Whitson holidays to see the same shew', that an argument developed, during which, having been struck by one of them in the face, the fiery Gerard 'drew his sword' and ran the apprentice through<sup>222</sup>. 'This bred so great a tumult' that Gerard had to be 'hurry'd...away to the Counter' for his own safety. Fortunate in his close connections with the King, Gerard was ordered released by royal command on the same day. Despite the King's order for a strict enquiry into the matter by the Lord Mayor and Recorder of London, no action regarding the hospital itself seems to have been taken. Saville plainly regarded the young lord's conduct as quite justified<sup>223</sup>. At other popular resorts, like Vauxhall Gardens, genteel parties even hired pugilists and disguised them as footmen, in order to protect themselves from such impertinencies<sup>224</sup>.

As the period progressed the elite increasingly distinguished between their own and popular culture, condemned the conduct of the crowd with increasing passion, wherever it was encoun-

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<sup>222</sup> William Durrant Cooper (ed.), *Saville Correspondence. Letters to and from Henry Saville Esq., Envoy at Paris, and Vice-Chamberlain to Charles II and James II*, (London, Camden Society, 1858), ltr xlvii from Henry to Sir George Saville, dated 5 June 1677, 58. Gerard's visit was the day before.

<sup>223</sup> This episode presents a graphic illustration of the interpretative problems posed by the fiction-factory that has surrounded the history of Bethlem. Saville's is not the only existing account of Gerard's visit and is only selected here because it appears to be the closest available testimony to the event, written by a generally reliable contemporary, thoroughly in the know about city gossip; and seems to be the least sensational and most authoritative of a number of variants. According to the Verneys, it is 'the drunken porter and his wife' who 'are insolent to [Gerard]', and the porter who is 'run...into the groin' by Gerard's sword. This is probably apocryphal, for there is no evidence whatsoever in the hospital's minutes that Joseph Matthews (Porter 1663-87) sustained, was treated for, or was incapacitated by, any injury. The Verneys rather melodramatically allege that 'the rabble fall upon Lord Gerard and nearly pull him to pieces, thrust him into prison, and then break the windows to come at him again', and that 'the Lord Mayor rescues him and shelters him in his house all night'. They also add details concerning an assault upon the Countess of Bath, who, when 'driving past "has her coach broke to bits & her footman knocked down, being taken for Lord Gerard's Mother" '. (Compare the Countess of Manchester's account of Lady Gerard's own assault, in 1679, when 'taken (in a chaire) to bee ye Dutchess of Portsmouth'). The Verney's dating of the incident to c24 Oct. 1683 is clearly erroneous, as is that of Cokayne's *The Complete Peerage*, which accepts the Verneys' version, but dates the event c1673/4. Elite 'sympathy' for 'the plucky boy' no doubt misrepresents the affair, and although itself a measure of the virulence of class tensions, Gerard's subsequent violent history indicates that it was his short temper which was much to blame. Whatever the real facts of the event, the riotous atmosphere of the Bethlem crowd is beyond doubt. See Lady Margaret Maria Verney *Memoirs of the Verney Family* (London, The Woburn Press, 1971; 1st edn, 1892), 4 vols, vol iv, 230-31; G. E. Cokayne, *The Complete Peerage* (London, Catherine Press, 1932), 8 vols, ii, 328-30; *DNB*, & Edward Maude Thompson (ed.), *Correspondence of the Family of Hatton...1601-1704* (London, Camden Society, 1878), ltrs dated c1675, 18 & 23 May, & 2 July 1676, 11 Feb. 1679, 119-20, 126-8, 134-6 & 174-5.

<sup>224</sup> See Warwick Wroth and Arthur Edgar Wroth, *The London Pleasure Gardens of the Eighteenth Century* (abridged, Hamden, Archon Books, 1979; 1st edn, 1896); James Granville Southworth, *Vauxhall Gardens. A Chapter in the Social History of England* (New York, Columbia University Press, 1941), esp. chaps 5 & 6, & Altick, *Shows*, 94-6 & *passim*. By the time Richardson wrote his *Familiar Letters*, a guard was stationed 'at the termination of every walk' at Vauxhall; 204.

tered, and gradually withdrew from entertainments and recreations they had once shared<sup>225</sup>. The exclusion of the general public from visiting lunatic hospitals, such as Bethlem, St. Luke's, St. Patrick's and Manchester, in the second half of the eighteenth century, with the exception of patients' friends and moreover, those authorised by a governors' ticket (i.e. the governing classes, or 'persons of quality'), must be seen very much as part of the same transition.

While the significance of this shift in attitudes towards (the exhibition of) the insane is beyond doubt, its abruptness and extremity has been exaggerated. Even Porter, who admits the 'maudlin' property of the 'new feeling', affirms the 'break' between early and late eighteenth century accounts of visiting as 'total', and finds 'little sign', 'before mid-century', 'that visitors treated Bethlem other than as a side show'<sup>226</sup>.

Already, by the early seventeenth century, however, laughing visitors were being asked indignantly by patients, 'Do you laugh at God's creatures ? do you mock old age you roagues ?', and were being forced to own a certain kinship with the mad<sup>227</sup>. Granted, making fools of visitors, was itself all part of the entertainment, and the mirror of ridicule might just as easily be turned back upon the delusions of the patient<sup>228</sup>. Bethlem was not, nevertheless, simply 'good, clean fun'<sup>229</sup>. Even the gay gentleman who extolled the delights available to the madhouse visitor in *The Pilgrim*, and compared the 'fancies' of patients to buzzing flies, so 'light...that [they] would content ye', recognised that there were 'some [patients] of [such] pitty,/ That it would make ye melt to see their passions', and that there were some visitors whose 'temper[s] were 'too modest,/ [and] too much inclined to contemplation', to enjoy the sight'<sup>230</sup>. Although many contemporaries partook of this 'mirth in madness', others, like the Royalist poet, Cowley, found (1666/7) 'no great pleasure' in it, so 'tender' was their 'compassion', and many more acknowledged the ambivalence of the experience<sup>231</sup>. Cowley's visits to Bethlem 'wrought

<sup>225</sup> See Burke, *Popular & Elite Culture*; Malcolmson, *Recreations*.

<sup>226</sup> Porter, *Manacles*, 91-2.

<sup>227</sup> Thomas Dekker, *The Honest Whore, Part I*, V, ii, ls 201-2, in *The Dramatic Works of Thomas Dekker* (ed.), Fredson Bowers (Cambridge, CUP, 1955), vol. ii, 99.

<sup>228</sup> See *ibid*, ls 200-227, 99-100, where 'I. Madman' makes a fool of Pioratto (who had answered in the affirmative when asked if he was the madman's eldest son) but proceeds to mistake the Duke instead for his son, and falls into the delusion that his visitors are the pirates who sunk his ship.

<sup>229</sup> Porter, *Manacles*, 91-2.

<sup>230</sup> III, vi, ls 6-19.

<sup>231</sup> *Essays*, 93-4.

so contrary an effect' on him that he 'always returned, not onely Melancholy, but ev'n sick with the sight!'. In *The Changeling* (1621/2) too, while there may be 'a mirth in madness' and a 'pleasure' in visiting 'bedlam', the matter is very much open to doubt, and Isabella soon finds cause to exclaim 'Alack, alack, 'tis too full of pity/ To be laug'd at'<sup>232</sup>. Visitors' reactions in this period are perhaps best summed up by Isabella's phrase 'pitiful delight'. By the end of the seventeenth century, the pleasure was already going out of visiting the insane for many amongst the literati. Angelica, in Congreve's *Love for Love* (1696), disowned 'Wit' as a response to madness as 'very unseasonable', and stressed the obligations of 'Charity', 'Good Nature and Humanity' that the mad be treated with 'Compassion' and 'concern'. Indeed, for Congreve, 'Mirth' was the antithesis of 'Compassion', in attitudes to the insane<sup>233</sup>. Those 'in Madness' were reckoned to 'have a Title to...Pity'<sup>234</sup>. Amongst 'all Persons who are Objects of our Charity', 'none' moved Defoe's 'Compassion' more (1697) than the insane, and he reviled the mockery of the mad as 'one of the greatest Scandals upon the Understanding of others'<sup>235</sup>. Rather than criticise Bethlem 'upon this account', Defoe actually praised the hospital without reservation as 'a Noble Foundation' and a 'visible' sign of the sensitivity of previous generations to 'the greatest Unhappiness which can befall Human kind'.

Despite prevailing notions of the insane as brutes, they were not regarded by visitors to Bethlem as totally insensible. 'The Bedlam's Speech' to Lady Monk 'at her visiting those Phanatiques' (1660), asks that she let her husband 'know we are not so mad,/ But we can love an honest Lad'<sup>236</sup>. In his *Snake in the Grass* (1696), the Reverend Charles Leslie 'thought it impossible that any man, even in *Bedlam*, cou'd be given up to a total Deprivation of all sense and Reason'; that is, until he perused 'the blasphemous writings of the Quakers'<sup>237</sup>! Swift, too, acknowledged that patients at Bethlem were sensible enough 'to distinguish Friends from Foes'

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<sup>232</sup> III, iii, ls 21-8 & 43-4.

<sup>233</sup> IV, i, ls 38-76 & 759-60.

<sup>234</sup> Congreve, *The Old Batchelour* (1693), V, i, l. 357.

<sup>235</sup> *An Essay upon Projects* (London, 1697), 179.

<sup>236</sup> 'The entertainment of the Lady Monk at Fisher's Folly...', in J. Payne Collier (ed.), *Illustrations of English Popular Literature* (London, 1864), 2 vols, vol. ii, *Broadsides of Speeches, Songs, etc.*, 31-2.

<sup>237</sup> *Snake in the Grass*, Cc-cci.

amongst visitors, and to respond accordingly<sup>238</sup>.

Indeed, modern interpretations of Swift's 'Visits to Bedlam' and of early Augustan attitudes to the mad in general, have been overly negative. Byrd's reading of Swift has been particularly influential amongst psychiatric historians, and despite its depth of insight, needs qualifying. Byrd's persistently startled tone; his regret at 'the vehemence with which Swift damned the madness that surrounded him'; his conclusion 'that Swift's imagination could have used sweetening', and his concurrence with Dyson that Swift regarded the world as unmendable, are overdrawn, if not inappropriate, and minimise other aspects of the Dean's persona<sup>239</sup>. Byrd's assessment of Swift's *The Legion Club* (1731) as 'a cheerless vision of society as mad-house' is itself bereft of a sense of humour<sup>240</sup>. What Byrd refers to in this poem as 'Swift's cosy understanding with the keeper', misses the nub of the Dean's satire, which is as much the idly curious and vindictive visitor—whose vicious disposition towards the patients is apparent immediately on entry and who proceeds to egg the keeper on to 'Lash them daily, lash them duly'—as the surly, grasping servant<sup>241</sup>. We already have traces, in Swift, although in a much more violent form, of Age of Sensibility disgust at the exhibition of insanity. Critics have taken the Augustans too literally in accepting declarations of enmity towards 'the dull, the proud, the wicked, and the mad', from Pope and Swift, as definitive emblems of their attitude to insanity. Are we really to believe that Swift and his contemporaries regarded Bedlamites as an 'odious group of fools' ?<sup>242</sup>. This would seem to me to run against the grain of their actions.

Swift's governorships at Bethlem and Dr. Steevens's hospitals, and his bequest of almost the entirety of his worldly wealth <sup>to</sup> found St. Patrick's Hospital for idiots and lunatics, are enough on their own to indicate his concern for the sick and insane<sup>243</sup>. A letter from Sir William Fownes to Swift, discussing the scheme for this Irish 'Bedlam', in 1732, also presupposes Swift's shared

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<sup>238</sup> *Traulus. The first Part. In a Dialogue between Tom and Robin* (1730), in *The Poems of Jonathan Swift* (ed.), Williams ls 23-33, 796; and *infra*.

<sup>239</sup> Byrd, *Visits*, 59, 63, 72, 82 and *passim*.

<sup>240</sup> *Ibid.*, 81.

<sup>241</sup> *Ibid.*, 92; *Legion Club*, ls 95-9, 133-5, 141-2, 153-8, 219-25.

<sup>242</sup> *Ibid.*, l. 225.

<sup>243</sup> See *BCGM*, 26 February 1714; J. N. P. Moore, 'Swift's philanthropy', in *Jonathan Swift, 1667-1967. A Dublin Tercentenary Tribute* (ed.), Roger McHugh and Philip Edwards (Dublin, The Dolman Press, 1967), chap. viii, 137-56; *The Last Will and Testament of Jonathan Swift, D.D.* (Dublin, 1746), reprinted in *The Prose Works of Jonathan Swift* (ed.), Herbert Davis (Oxford, Shakespeare Head Press/Basil Blackwell, 1957), vol. 14, 149-52.

sympathy for 'those under such Dismal Circumstances' as the mad<sup>244</sup>. Rather than ostracising the insane, Swift had initially suggested to Fownes 'a spot in a close place almost in the heart of the City', as a site for the hospital, and ordained in his will that it be either 'near Dr. *Steven's* Hospital, or...somewhere in or near the City of Dublin'<sup>245</sup>. It was the moral reformers of the late eighteenth and nineteenth centuries who hid the insane away from the public eye in country retreats, in the interests not only of health and tranquility, but also of decorum.

It is going too far to 'assume', as does Professor Moore, that the rule governing St. Patrick's hospital from its very foundation banning 'access to the patients except in the presence of the Governors or by order of the state physician or surgeon general', was 'inspired by Swift's dismay at Bedlam's parade of human suffering'<sup>246</sup>. The hospital was not opened until 1757, twelve years after Swift's death, six years after St. Luke's had taken the first institutional stand on this issue, and when a considerable shift in attitudes had already occurred since earlier tolerance for the spectacle of insanity. Swift and his contemporaries, themselves, visited Bethlem in the first decades of the eighteenth century with few overt signs of disapproval. Yet, visiting the insane, like social visiting, was conceived of as a 'poor Amusement' by the Augustan literati<sup>247</sup>. Swift plainly regarded 'three Pence...shew[s]' (or, more specifically, the anatomising of executed felons) as barbarous, let alone the penny show of Bethlem<sup>248</sup>.

Nor did Augustans absolutely repudiate the existence of 'Virtues' in madness. While refusing to accept madness as an excuse or an exculpation for 'Enormities' of conduct, Swift seems to have concurred with the verdict of 'the *Curators of Bedlam*' 'that Madness...operates by inflaming and enlarging [either] the good or evil Dispositions of the Mind'<sup>249</sup>. While Swift regularly assumed the identity of the madman in his writings, Pope, too, despite calling his enemies 'mad' and verbally incarcerating Dennis and others in Bedlam, identified with Lee and Budgell when attacked himself, and vowed indignantly, whatever his fate:

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<sup>244</sup> Swift, *Correspondence*, vol. iv, ltr dated 9 September 1732, 65-70.

<sup>245</sup> *Ibid*, 67; *Will*, 150.

<sup>246</sup> Moore, in *Tercentenary Tribute*, 141-2.

<sup>247</sup> See Swift's *Hints towards an Essay on Conversation*, in *Prose Works*, vol. 4, 94.

<sup>248</sup> See *idem*, *A Vindication of his Excellency [John] Lord [Cartere]t* (London, 1730), in *Prose Works*, vol. 12, 157-8.

<sup>249</sup> *Ibid*, 158. See, also, *idem*, *A Defence of English Commodities...* (Dublin, 1720), in *Irish Tracts & Sermons, 1720-23* (ed.), *Laws Londa* (Oxford, Basil Blackwell, 1948), 271-2, re. 'Madness as a Virtue'.



In durance, exile, Bedlam, or the Mint,  
Like Lee or Budgell, I will rhyme and print<sup>250</sup>.

There is a strong impression, nevertheless, in the works of Swift and other Augustans that patients and criminals get just what they deserve, by being exposed 'to the View of Mankind'<sup>251</sup>. Whereas Hogarth's *The Rake's Progress* culminates in Bedlam (Fig. 2e), his *The Four Stages of Cruelty* culminates with the dissection of the cruel Tom Nero<sup>252</sup>. The mad are brutes, even if more innocent and 'less offensive Brutes' than the wilfully and hypocritically vicious outside the asylum<sup>253</sup>. Beneath Swift's satires of the Irish Parliament, the Royal Society, and the scribblers, enthusiasts, projectors, politicians and egoists of the Bedlamised world, Bedlamites themselves are still the butt of the joke for Augustans<sup>254</sup>. While Swift insisted (as would have most of his peers) that 'True genuine dullness moved his pity', this was only 'unless it offered to be witty'<sup>255</sup>.

Whereas madness might still have a 'pitiful delight' for Augustans in the early eighteenth century, fifty years later the fun had largely gone out of seeing the insane. The permeation of the new sentiment of the Age of Sensibility emptied accounts of visiting Bethlem of their humour, replacing the laughter of a Brown or Ward, with the tears of a Harley, the satire of a Steele, with the 'earnestness, and gravity' of the anonymous 'Benevolus'<sup>256</sup>. Visitors looked at patients less as a commentary on the madnnesses of 'sane' society, than as figures of distress in their own right. The sights of Bethlem, far from being diverting, became afflicting. Whereas previously there had been nothing more remarkable or amusing in London than Bedlamites, there was now 'nothing so affecting'<sup>257</sup>. The account of the curious visitor was substituted for that of the man

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<sup>250</sup> Alexander Pope, *Imitations of Horace*, Satire I, ls 99-100, in *The Works of Alexander Pope* (ed.), Rev. Whitwell Elwin & William John Courthorpe (London, John Murray, 1881), 296.

<sup>251</sup> Swift, *Vindication*, 158.

<sup>252</sup> Sean Shesgreen, *Engravings by Hogarth. 101 Prints* (New York, Dover Publications, 1973), plates 77-80.

<sup>253</sup> Swift, *Traulus*, 797; *Vindication*, 157.

<sup>254</sup> See *Legion Club*; *Gulliver's Travels*, 'The Academy of Lagado'; *Tale of a Tub*, 'Digression on Madness'.

<sup>255</sup> *Legion Club*, ls 469-70.

<sup>256</sup> See Henry Mackenzie, *The Man of Feeling* (London, 1771), chap. xx, 53-66; *London Chronicle*, 21-3 May 1761, 491.

<sup>257</sup> *The World*, No. xxiii, 137-8.

or woman 'of feeling'. From searching out and describing the most entertaining or brutish of the inmates, spectators now concentrated on the most moving. When the author, John Taylor, visited and conversed with the actor, Samuel Reddish, at Bethlem in the 1780s, he did not poke fun or point out a moral lesson, but 'soothed' Reddish over the humiliation which was deemed to have provoked his mental collapse<sup>258</sup>. Not content merely to condemn the raucous pleasure of the rabble, the educated elite now condemned 'any mind' that could experience 'delight' or 'any degree of pleasure' at visiting Bethlem<sup>259</sup>. It was now being declared 'impossible' for anyone 'tolerably civilised' to derive pleasure in this way.

What Stone has termed the growth of 'affective individualism' and the development of the family in this period, undermined the spectacle of insanity as much as it did the spectacles of punishment and death<sup>260</sup>. Those who denounced showing the insane, also commonly denounced public executions (like Richardson), and emphasised the bonds of affection between mother and child (like 'Benevolus'), while, *vice versa*, those (like Johnson) who saw the value of keeping insanity in view, often approved of public executions<sup>261</sup>. Although disappointingly little seems

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<sup>258</sup> John Taylor, *Records Of My Life* (London, Edward Bull, 1832), 2 vols, i, 49.

<sup>259</sup> *London Chronicle*, 21-3 May 1761, 491.

<sup>260</sup> See Stone, *The Family, Sex & Marriage in England 1500-1800* (abridged, London, Penguin, 1979; orig. Weidenfeld & Nicholson, 1977). On death and punishment, see e.g. Philippe Ariès, *The Hour of our Death*, trans. Alfred A. Knopf (Penguin, Peregrine, 1983; orig. Paris, Editions du Seuil, 1977); Emmanuel Le Roy Ladurie, 'Chaunu, Lebrun, Vovelle: The New History of Death', in his *The Territory of the Historian* (Hassocks, Harvester Press, 1979), 273-86, 1st pub. as *Le territoire de l'historien* (Editions Gallimard, 1973); John McManners, *Death and the Enlightenment. Changing attitudes to death in eighteenth-century France* (Oxford & New York, OUP, 1985; originally, Oxford, Clarendon, 1981); Claire Gittings, *Death, Burial and the Individual in Early Modern England* (London, Routledge, 1988; originally, Croon Helm, 1984); Foucault, *Discipline and Punish*; Spierenburg, *Spectacle of Suffering*; Michael Ignatieff, *A Just Measure of Pain*. Indeed, psychiatric historians could benefit greatly by relating the historiography concerning the 'desocialisation' of death, with the 'desocialisation' of insanity.

<sup>261</sup> Richardson, *Familiar Letters*, ltr clx, 217-220; *London Chronicle*, 21-3 May 1761, 491; Boswell, *Life of Johnson*, 193, 1211-2, 1318. The ethos informing the enlightenment critique of public executions was almost identical to that informing the critique of public visiting. According to Richardson, it was 'natural' 'curiosity' which drew 'most people' to Tyburn; 'affecting concern' was the 'unavoidable' response of 'a thinking person' to 'the scene', which was 'interesting' (or, instructive) 'to all who consider themselves of the same species with the unhappy sufferers'. Yet, 'the mob' were merely motivated by 'silly curiosity' and, by reacting with noise and 'a barbarous kind of mirth, altogether inconsistent with humanity', spoiled the spectacle for the polite. Richardson clearly supported what he conceived to be the practice in 'other nations', and which was subsequently to be imposed (in essence) at Bethlem, whereby prisoners and patients were 'little attended by any beside the necessary officers, and the mournful friends'. Johnson, on the other hand, believed that 'executions are intended to draw spectators'; that this was 'their [very] purpose; and much lamented the demise of the executionary procession, which he saw as having 'gratified' 'the publick' and 'supported' 'the criminal'. Both he and Boswell were regular attenders of executions. I would not belabour this point overly, for Johnson also 'maintained that a father had no right to control the inclinations of his daughter in marriage', while Burney, who objected to the melancholy

to survive at first hand of the reactions of women to visiting Bethlem, it was 'female minds' in particular which, whether 'tender' or unsympathetic, became the gauges of this new sentiment. It was women represented as visitors and patients who suddenly began to infiltrate the iconography of seeing the insane<sup>262</sup>. Visitors to Bethlem and elsewhere even began depicting traumatic scenes of parting between female patients and their families on admission, Grosley describing the cries and tears of one such family as more vehement than those of the patient herself<sup>263</sup>.

As I have already indicated, the reaction of enlightened sensibility to the public display of insanity did not arrive suddenly, from nowhere. It grew significantly out of a long and vigorous tradition of charity and sympathy towards the insane, out of enlightenment didacticism, and out of a broadening elite culture defining itself in distinction from the culture of the masses. Byrd's claim that Richardson and others introduce a new and 'remarkable' 'mood of charity' from the 1740s is overdone, and the polarity he posits between the 'pity and...fascination' of the 1740s and 1750s and the 'disgust and fear' of previous decades is too sweeping<sup>264</sup>. While finding the insane 'All ghastly grim' and relishing in long and elaborate descriptions of the horrors of Bethlem, early Augustan visitors still found many patients 'Piteous to behold', and asked

The Minds distress what Breast so hard'ned is,  
As not with Anguish to relent ?<sup>265</sup>.

The percolation of the new philosophy, emphasising the commonalty of mankind within the natural order, the responsibilities of humanity to the lower life forms of the natural world, and the sensibilities of the animal kingdom, had for some time been fuelling empathy for the plight of the mad. The mad had thus become not merely 'creatures', but 'fellow creatures'<sup>266</sup>.

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spectacle of madness, still felt that 'we should be kept in mind of death'. *Life of Johnson*, 1013, 1225-6

<sup>262</sup> For tender visitors, see Sarah Young, weeping over Tom Rakewell, in Hogarth's *Rake's Progress*, and the young lady of Richardson's *Familiar Letters*. For unsympathetic visitors, see the lady in *London Chronicle* of 21-3 May 1761, and Hogarth's titillated ladies in *Rake's Progress*. For affecting women patients, see Mackenzie's *Man of Feeling*; Sophie von la Roche, *Sophie in London*; Pierre Jean Grosley, *Londres* (Paris, 1770), 2 vols, ii, 10-16.

<sup>263</sup> Grosley, *Londres*, 13. Grosley is in fact recollecting, here, a visit to Les Petites-Maisons of Paris.

<sup>264</sup> *Visits*, 88-90.

<sup>265</sup> *Bethlem Hospital. A Poem in Blank Verse* (London, 1717), 5.

<sup>266</sup> *The Guardian*, No.79, 11 June 1713, 314-5; *G. M.*, vol. 18, May 1748, 199; *London Chronicle*, 21-3 May 1761, 491.

It was no mere coincidence that Thomas Tryon, one of the first to revile at length making 'a show' of Bedlamites as 'very Undecent [and] Inhumane', was a vegetarian for most of his life and wrote tracts on dietetics condemning those who 'gorge themselves on the flesh of their fellow animals'<sup>267</sup>. Others too, like 'Benevolus' of *The London Chronicle*, had grown increasingly aware of the connection between cruelty to insects and animals, cruelty to children, cruelty to the insane, and a savage society<sup>268</sup>. Tryon was also, significantly, the author of 'an enlightened plea for the more humane treatment of negro slaves'<sup>269</sup>. Confrontations with the 'savages' of the New World, and the dissemination of information about other civilisations, had slowly been mitigating the ontological polarity between barbarism and civility<sup>270</sup>. 'The noble savage', or the Chinaman, themselves began to be depicted casting a scrutinising eye over the customs and institutions of western civilisation. While Goldsmith represented Lien Chi Altangi arranging to be taken to see Bethlem in 1760, the correspondent to *The World* of 1753 recounted 'indecentcies' he had witnessed at Bethlem 'which would shock the humanity of the savage Indians'<sup>271</sup>. With a rather different object in mind, however, at the beginning of the century, Brown had also claimed to have given 'my Indian a sight of [Bedlam]', as one of the 'most Remarkable Things' in the capital<sup>272</sup>. Yet, the links between the reactions of the latter eighteenth century and preceding generations have not been readily enough owned by historians.

An enhanced consciousness of the power of education on the minds of children, gave renewed hopes of positively affecting the minds of the mad. Visiting was increasingly believed to 'retard' the 'recovery' of patients<sup>273</sup>. The indulgence of public visiting had undoubtedly depended to some extent on a prevailing conviction that madness was a 'deprivation of sense' and that the

<sup>267</sup> See Tryon, *A Treatise on Cleanness in Meats and Drinks...* (London, 1682); *idem*, *Health's Grand Preservative...* (London, 1682); *idem*, *Dreams and Visions*; & *DNB*.

<sup>268</sup> *London Chronicle*, 21-3 May 1761, 491.

<sup>269</sup> *Friendly Advice to Gentlemen Planters of the East and West Indies* (London, 1684).

<sup>270</sup> On the equation of bestiality, barbarism and irrationality, civility, and the assimilation of the experience of the New World, see J. H. Elliott, *The Old World and the New, 1492-1650* (Cambridge, CUP, 1970), esp. chap. 2, 28-53.

<sup>271</sup> *The Citizen of the World* (London, 1762 edn), in *Collected Works of Oliver Goldsmith*, (ed.), Arthur Friedman (Oxford, Clarendon, 1966), 5 vols, vol. ii, ltr xcvi, 390-93; *The World*, No. xxiii, 138-9.

<sup>272</sup> *Amusements*, 35. Compare, also, the account in *The Ladies Magazine*, iii, no. xxii, 18 April-2 May 1752, 177, of an Indian Chief's visits to the Tower, Christ's Hospital, Greenwich Hospital & c.

<sup>273</sup> *GM*, vol. 14, May 1748, 199; Tryon, *Dreams and Visions*, 292; *The World*, No. xxiii, 139; *London Chronicle*, 21-3 May 1761, 491.

mad were thus not, or not detrimentally, affected by the practice. While it is an exaggeration to maintain that the classical age had envisioned the insane as entirely insensible, and inroads were already being made into the coercive treatment of the insane in the seventeenth century, the Age of Sensibility extended the endowment of sentience to the mad. Brown and many of his contemporaries had been able to enjoy the spectacle at Bethlem partly because they considered the patients 'wholly insensible' to their environment<sup>274</sup>. Insensibility had long been seen by medical theorists as a classical symptom of hysteria, while the obliviousness or resistance of the maniac to hunger, pain and the extremities of the weather, was an established orthodoxy in medical textbooks, until at least the latter eighteenth century<sup>275</sup>. Despite Scull's claim, however, medical men rarely 'advocated' visiting the insane on these or any other grounds, in this period<sup>276</sup>. When 'company' and 'diversions' were recommended, it was normally in cases of melancholia<sup>277</sup>. Physicians standardly stressed isolation as a necessity in private cases<sup>278</sup>. As I have demonstrated, patients were exhibited at the behest of charity, rather than medicine. P. Frings's *Treatise on Phrensy* (1746), which was dedicated to the Bethlem Physician, James Monro, recommended that 'crouds are to be kept from them, and but few suffered to see them'; especially 'those to whom the Sick have any Aversion'<sup>279</sup>. While, according to 'Benevolus', in 1761, 'the gentlemen of the faculty assert, that it [visiting] is of no disservice to the objects

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<sup>274</sup> *Amusements*, 35.

<sup>275</sup> Hunter and Macalpine, *Psychiatry*, 68, 71, 77, 130, 132; Scull, *Social Order/Mental Disorder*, 57-8; Foucault, *Madness*, 74-5. According to Richard Mead, 'all mad folks in general bear hunger, cold, and any other inclemency of the weather...[and] all bodily inconveniences, with surprising ease'; *Medica Sacra*, in *The Medical Works of Richard Mead* (London, 1762), chap. ix, 619. See, also, Mead's *Medical Precepts and Cautions*, trans. from Latin by Thomas Stack (London, 1751), chap. iii, 90, where he expresses the conventional wonder at the masochism of 'mad folks, especially of the melancholic tribe', who intentionally cause pain and discomfiture to their bodies; refuse food 'as if it were poison', though hungry; and retain urine, remarking that 'the mind seems in some measure to be called away from the senses'. James Harvey, in a chapter on 'Delirium and Frenzie', in *his Praesagium Medicum...* (2nd edn. London, 1720), spoke of the 'insensible voiding of Urin and Excrements' and the absence of 'Thirst and Pain' during 'Frenzie'. See chap. i, 14.

<sup>276</sup> *Museums*, 62-4; *Social Order/Mental Disorder*, 51.

<sup>277</sup> See e.g. Sir Richard Blackmore, *A Treatise of the Spleen*, 174; Mead, *Medical Precepts*, 99.

<sup>278</sup> See Jonathan Andrews, ' "In her Vapours...[or] indeed in her Madness?" Mrs Clerke's case: an early eighteenth century psychiatric controversy', in *History of Psychiatry* (March 1990), I, i, i, 125-44, e.g.

<sup>279</sup> P. Frings, *A Treatise On Phrensy: Wherein the Cause of that Disorder, as assigned by the Galenists, is Refuted, and their Method of Curing the Phrensy, with their various Prescriptions at large, are exploded...*, trans. from the Latin (London, 1746), 44-5.

themselves', three years before this, both Battie and John Monro had, on the contrary, maintained as 'a good general rule' the exclusion of visitors<sup>280</sup>. Monro granted his patients sensibility enough that they 'are generally conscious of ['their distemper'] themselves'<sup>281</sup>. Madness had, in fact, long been understood, not only as dulling or suspending natural sensation, but also as rarefying the acuity of sensation. The growing currency of the new nervous stock of disorders, from roughly the late seventeenth century, and their vindication under attack in the writings of men like Cheyne, Blackmore and Mandeville, as authentic illnesses, worthy of sympathy, and as affecting those of the liveliest faculties and 'most delicate Sensation', also worked to erode the brutal, unfeeling image of the mad<sup>282</sup>. Buoyed up on this 'mania of...sensibility'<sup>283</sup>, contemporaries increasingly stressed that patients 'are not utterly unaffected' by the conduct of visitors, and related emotive accounts of the distresses patients suffered at their hands<sup>284</sup>.

Of course, belief in the insensibility of the insane did not disappear with the end of visiting. Physicians, like William Pargeter continued to repeat the ancient notion of '*Maniacs*...insensibility to the power of cold' and to pain<sup>285</sup>. Such a conviction was hardly incompatible with opposition to the exhibition of the insane, or with a belief in the common acuity of the insane<sup>286</sup>. Yet, theories of insensibility became more specificised in developing psychiatric nosology, to cases of dementia and sensory deprivation<sup>287</sup>.

Nor did spectacle, or its advocates fade quickly. A correspondent to *The Connoisseur*

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<sup>280</sup> *London Chronicle*, 21-3 May 1761, 491; William Battie, *A Treatise on Madness* (London, 1758), 68-9, & John Monro, *Remarks on Dr. Battie's Treatise on Madness* (London, 1758), 38-9, in reprinted edns, with intro. by Richard Hunter & Ida Macalpine (London, Dawsons, 1962).

<sup>281</sup> *Remarks*, 38.

<sup>282</sup> Cheyne, *English Malady*; Blackmore, *Spleen*; Bernard Mandeville, *A Treatise of Hypochondriack and Hysterick Passions...* (London, 1711); Porter, *Manacles*, 47-53, 92-6, 176-84.

<sup>283</sup> Burke, quoted by Porter, *Manacles*, 93.

<sup>284</sup> *London Chronicle*, 21-3 May 1761, 491; Tryon, *Dreams and Visions*, 288-93; Richardson, *Familiar Letters*, ltr cliii, 200-202.

<sup>285</sup> *Observations on Maniacal Disorders* (London, 1792), (ed.), Stanley W. Jackson (London, Routledge, 1988), 8, 138.

<sup>286</sup> *Ibid*, 47

<sup>287</sup> Hunter and Macalpine, *Psychiatry*, 603, 656, 732, 781, 837, 978, 986, 1024, and *passim* under 'dementia' in index.

in 1755, actually lobbied for the extension of the punitive spectacle in cases of suicide, by methods such as having the suicide 'dragged at the cart's tale, and afterwards hung in chains at his own door, or...his quarters put up in *terrorem* in the most public places', to prevent the 'epidemic' growth of 'this madness'<sup>288</sup>. Indeed, developing doubts over the spectacles of death and punishment lagged noticeably behind loss of conviction in the spectacle of madness.<sup>289</sup> It was assuredly easier for contemporaries to conceive of madness pure and simple as involuntary and therefore as serving no necessary didactic purpose, than it was to conceive of suicide and crime in this way. For the author of *The Connoisseur*, suicide was 'commonly...brought on by wilful extravagance and debauchery'.

Enlightenment disgust at the spectacle of madness did not arise merely out of 'tender...compassion' for the plight of abused patients, or a greater appreciation of patients' feelings and needs. More importantly, the end of visiting was the outcome of the newly sensitised nature of polite culture, within which the insane were simply not publicly acceptable. For the man of feeling, the face of madness was almost too terrible to be shown. Cowley set the tone in the 1660s, when his compassion was of the kind that rendered him 'sick with the sight' of Bedlamites, and caused him to declare:

the very sight of Uncleanliness is loathsome to the Cleanly; the sight of Folly and Impiety vexatious to the Wise and Pious'<sup>290</sup>.

Vexation might be particularly virulent where madness or vice were combined with poverty. For the Augustans, too, the 'Poor' were, as Foucault averred, 'scandalous', a living 'Reproach' to the sufficiency of 'Charity' and civilised 'Society', 'offensive to the Sight...the worst Nuisance', 'shocking' 'Spectacles'<sup>291</sup>. Although the early Augustan already confessed himself a 'compassionate Beholder', 'affect[ed]...with dismal Ideas' by these 'miserable Objects', anxiety at the unconfined presence of objects, which 'deprive[d] him of the Pleasure that he might otherwise take in surveying the Grandeur of our Metropolis', betrays less compassionate motives. There were already vigorous signs in the early eighteenth century of a growing repugnance at the sight of the 'Lunatick' and the 'Ideot':-

We should...throw a veil upon those unhappy Instances of human Nature, who seem to breath

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<sup>288</sup> No. 50, 9 January 1755, 207-12. See, also Thomas W. Laqueur, 'Crowds and executions', in Beier, Cannadine & Rosenheim (eds), *The First Modern Society*.

<sup>289</sup> See works in ref. 257.

<sup>290</sup> *Essays*, 93-5.

<sup>291</sup> Foucault, *Madness*; *Spectator*, No. 430, 14 July 1712, 11-13.

without the Direction of Reason and Understanding, as we should avert our Eyes with Abhorrence from such as live in perpetual Abuse and Contradiction to these noble Faculties<sup>292</sup>

It is imperative to remember that such invective was predominantly aimed at those who 'knowingly' abused their endowments of reason, judgment and wealth; that moral reformers were convinced that the maddest and most vicious were outside the madhouse, and that compassion was incumbent upon rational society towards cases of insanity<sup>293</sup>. Yet clergymen addressing the assembled governors of the City hospitals at the annual Spital Sermons expressed and appealed to the same prevailing orthodoxy when describing the insane (in Swiftian terms) as 'so unfit to be convers'd with, so uncomfortable to be seen indeed by the rest of Mankind'<sup>294</sup>.

Despite appeals for the 'humanising' of the insane, and the new emphasis on humanity in their treatment, the Bedlamite remained essentially depraved and debased in the minds of many contemporaries. Objecting to the mockery of spectators and underlining the virtues of 'compassion', in 1748, *The Gentleman's Magazine* went to considerable lengths to drive home old notions concerning the utter degradation of the mad<sup>295</sup>. The insane were 'more wretched than the brutes that perish', and insanity 'the most deplorable of all calamities', the source of 'extravagancies that deface the image of the creator'. Moreover, there is a new note of squeamishness at the heart of such accounts, an aversion to the 'exhibit[ion]' of those 'in circumstances of the most pityable infirmity, debility and unhappiness'<sup>296</sup>. Enlightenment stress on madness as the product of 'disease, or...distressing events', instead of as an outcome of immorality and over-indulgence, certainly argued that the mad were less to blame, and deprived the didactic spectacle of madness of much of its pertinence<sup>297</sup>. While the lesson of the vanity of 'human pride' was still valid for the poet 'S. N.', who took *A View of Bethlem Hospital* in 1787, the major didactic had

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<sup>292</sup> *Tatler*, No. 40, 12 July 1709, 289.

<sup>293</sup> *Ibid*, 287-90

<sup>294</sup> Robert Moss, *A Sermon Preached before the Right Honourable The Lord Mayor...at the Parish-Church of St. Sepulchre. in Easter Week Being One of the Anniversary Spittal Sermons* (London, 1706). Moss was Chaplain in Ordinary to the Queen.

<sup>295</sup> *GM*, vol. 18, May 1748, 199. See, also, *London Chronicle*, 21-3 May 1761, 491; 'to see human nature so debased; to see the noble and godlike soul so overthrown'. Kindred pronouncements are everywhere encountered in this period.

<sup>296</sup> *GM*, *ibid*.

<sup>297</sup> See Boswell, *Life of Johnson*, 1225-6.



been sentimentalised, the poet now declaring 'I...Will learn to wear affliction's weed'<sup>298</sup>. This transition is exemplified in an exchange between Johnson—as spokesman for the old didactic of insanity—and Fanny Burney—as spokeswoman for the new sentiment—in the 1780s<sup>299</sup>. For sensitive souls like Burney, however, madness was becoming unthinkable, the mad best kept out of sight and mind, and the thought even of living in the vicinity of Bethlem or St. Luke's was 'shocking'. Even Cibber's lunatics, which had drawn the admiration of crowds at Bethlem for a century and a half, were hidden away from an increasingly disapproving public, in 1815, on the hospital's removal to St. George's Fields<sup>300</sup>. The fear and embarrassment of those closest to the insane of their being 'exposed' to public ridicule, had long figured in justifications for confinement, or for keeping the sufferer at home<sup>301</sup>. A decidedly more intense sense of shame begins to enter into the discourse of genteel society, in the latter eighteenth century, however. By the 1770s, the polite were increasingly 'withdrawing to hide insanity'<sup>302</sup>. On hearing about the mad exploits of his nephew, Lord Oxford, in 1778, Walpole exclaimed in a letter to Mann, 'What a humiliation, to know he is thus exposing himself'<sup>303</sup>. 'The distresses' of the mad 'afflict[ed]' the new man of feeling 'too much to incline [him]...to be a spectator of them'<sup>304</sup>. Likewise, the image of Ophelia suffusing scenarios like that of the young mad woman, Jenny M\*\*b", 'exposed—even to the pity of the meanest ostler', whether at Bethlem, or as here, 'in the yard of a country inn', had become too agonising for any 'spectator' to bear for very long<sup>305</sup>. Late eighteenth century medical treatises are suffused with similar expressions of exaggerated sensibility. Pargeter

<sup>298</sup> See *GM*, vol. 57, September 1787, 815-6, where this poem is reproduced.

<sup>299</sup> *Life of Johnson*, 1225-6.

<sup>300</sup> See Allderidge, *Cibber's Figures*, section entitled 'The Frightful Figures', & *The London Journal of Flora Tristan*, trans & ed. by Jean Hawkes (London, Virago, 1982), 209; originally pub. as *Promenades dans Londres* (Paris, 1842).

<sup>301</sup> See e.g. Andrews, ' "In her Vapours" '.

<sup>302</sup> See e.g. *The Memoirs of James Stephens. Written by himself for the use of his children* (ed.), Merle M. Bevington (London, The Hogarth Press, 1954), 219-20.

<sup>303</sup> Walpole, *Correspondence*, ltr dated 9 April 1778, 372.

<sup>304</sup> *The World*, xxiii, 137.

<sup>305</sup> This scene, allegedly witnessed on 7 July 1789, was communicated by a friend of the 'youthful' witness, 'W. B.', with the usual assurances of veracity, to *GM*, vol. 61, September 1791, 814-5.

expostulated, after outlining the symptomatology of 'melancholia', for example:

*This is most horrible indeed; and those who have once experienced such a spectacle, I am confident, will never wish it a second time*<sup>306</sup>.

Although Sophie von la Roche deigned to visit Bethlem in 1786, she confessed to 'a horror of such establishments, where my heart would be torn at the sight of so much anguish, and seized with an aversion to those in authority', and that it was for this reason that she had never been to Bicêtre<sup>307</sup>. In the nineteenth century, Dickens thought it a matter of secrecy almost too delicate to admit, that 'the general enjoyment which an audience of vulnerable spectators, liable to pain and sorrow, find in [the]...entertainment' of a Christmas Ball at St. Luke's, was an impression of superiority 'to all the accidents of life' of a nature owned quite candidly by the Augustans<sup>308</sup>. While Charlotte Brontë's 'choice of sights' in 1853, and the apparent gaiety with which she spoke of exploring 'Newgate...Pentonville...the Bank, the Exchange, the Foundling Hospital...and to-day...Bethlehem Hospital', is reminiscent of former attitudes, the amazement of 'Mrs S[mith] and her daughters' at her 'gloomy tastes', suggests that seeing the insane had acquired a rare morbidity, a macabre quality akin to that being assumed by the corpse in the same period<sup>309</sup>.

Far from simply expressive of a new optimism concerning the cure of insanity, by preserving the insane from influences detrimental and obstructive to their therapy and management, exposing the insane was opposed by many, like Mackenzie's Harley, on the grounds that 'it is a distress which the humane must see with the painful reflection, that it is not in their power to alleviate it'<sup>310</sup>.

Obviously, such accounts of visits, in the Age of Sensibility, were deeply overlaid with affectation, and were not entirely divorced from the titillation of previous generations, drawing a sigh and a tear from their observers, communicators and readers. Men of feeling had to be

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<sup>306</sup> *Observations*, 39.

<sup>307</sup> *Sophie in London*, 166.

<sup>308</sup> *A Curious Dance Round a Curious Tree* (1852), in *The Uncollected Writings of Charles Dickens. Household Words, 1850-59* (London, Allen Lane, 1969) (ed.), Harry Stone, 2 vols, vol. ii, 384.

<sup>309</sup> *The Brontës. Their Lives, Friendships and Correspondence* (eds), Thomas James Wise & John Alexander Symington (Oxford, Basil Blackwell, 1932), 4 vols, vol. iv, ltr to Ellen Nussey, dated 19 January 1853, 35. For the corpse, see Ruth Richardson, *Death, Dissection and the Destitute* (London, Penguin, 1989; originally, London, Routledge & Kegan Paul, 1988); Ariès, *Hour of our Death*; Gittings, *Death, Burial & the Individual*.

<sup>310</sup> *Man of Feeling*, 30.

'overpowered...by the solicitations of...friend[s]' to visit Bethlem<sup>311</sup>. The ingenuousness of the standard assertion of disinclination was partly belied by the visit and the account of the visit themselves. 'Benevolus', in *The London Chronicle* of 1761, became decidedly mawkish when inveighing over the hard-heartedness of a female visitor and comparing her to his ideal vision of motherhood, in a painting depicting 'the snowy bosom' of a mother suckling her child<sup>312</sup>. Far from perceiving the insane truly, Mackenzie's Harley repeated the same old caricatures that had pervaded Bedlam literature for centuries. The brutish keeper vies with the mad mathematician, speculator, schoolmaster, sultan/king, in a tradition that owes more to Ward, Brown, Swift and Hogarth, than to the reality of Bethlem<sup>313</sup>. Even the celebrated love-sick young lady, who reduced contemporary readers to tears, seems, to modern eyes, an artificial, stylised model, derived considerably from the earlier models of Ophelia and Clarissa. Harley's sympathy and charity to the 'unfortunate' girl is also a very old ideal, although driven home with more pathos. As John Mullan has observed, literary 'sensibility is a *construction*. The novels which use it as an incarnation of alienated sensitivity are not reports on social conditions, and resist reduction to social history'<sup>314</sup>.

Not all visitors were unconscious of the taint of affectation. Sophie von la Roche, for example, recognised that 'my grief and despair could do the poor sufferers no good'<sup>315</sup>. While 'curiosity' still drew Sophie to Bethlem, it was not to try out the wit and extravagance of the patients, but 'to test the truth of [the hospital's]...philanthropy'.

That more visitors laughed in spite of themselves or 'angry with myself', like Cowper, when previously they had laughed 'honestly' or less guiltily, is significant of a real change in attitudes, arising out of enlightened sensibility. That as late as 1784, however, Cowper and other paragons of the new feeling still sought to 'excuse' being 'merry where there is more cause to

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<sup>311</sup> *Ibid*; *The World*, xxiii, 137. This was not an entirely novel device or always disingenuous, of course. Pedro, in *The Pilgrim*, had been persuaded by a city gent to visit Bethlem, despite his initial disinclination; III, vi, ls 6-23. Cowley, too, claimed to 'have been drawn twice or thrice by company to go to *Bedlam*, despite having been sickened by the experience; *Essays*, 93.

<sup>312</sup> *London Chronicle*, 21-3 May 1761, 491.

<sup>313</sup> *Man of Feeling*, 29-35. See, also, Everett Zimmerman, 'Fragments of history and *The Man of Feeling*: from Richard Bentley to Walter Scott', in *Eighteenth Century Studies*, vol. 23, no. 3, Spring 1990, 283-300; 291-2 & note 13, re. the double-edged nature of Mackenzie's vision of the mad.

<sup>314</sup> John Mullan, *Sentiment and Sociability. The Language of Feeling in the Eighteenth Century* (Oxford, Clarendon, 1988), 224 and *passim*, esp. chap. 5.

<sup>315</sup> *Sophie in London*, 166.

be sad', indicates how little had changed<sup>316</sup>. The mad were still oddities, as nineteenth century anecdotal collections of Bedlamites show. Even the first English publication devoted to a single psychiatric case history was 'not free of a tendency to make cheap fun of a lunatic'<sup>317</sup>.

### Ulterior Motives For Visiting

Not all those who came to Bethlem came only or primarily to see the patients. According to literary and journalistic sources, the hospital served as adequately as did Whetstone's Park as a place for elicit assignments<sup>318</sup>. In one Jacobean drama after another, the players are drawn into (or references made to) amorous intrigues in Bedlam<sup>319</sup>. Despite the extremity of Brown's and Ward's caricatures of the 'looseness of the spectators' a century later, the line of descent to Jacobean times is discernible enough. Ward lampooned the hospital as 'a showing room for harlots [and] a sure market for lechers', where 'every fresh comer was soon engaged in an amour', who even 'though they came in single they went out in pairs'. Brown spread opprobrium even further, describing 'half a Turn in a *Long Gallery*' as a means by which V.D. was bargained for. Their allegations concerning the soliciting and permissiveness of Bethlem receive limited confirmation from Lady Mary Wortley Montagu, in 1733, who condemns the attitude of experience that:

...those Virgins act the Wiser Part,  
Who *Hospitals* and *Bedlams* would explore,  
To find the Rich and only dread the Poor;  
Who *legal Prostitutes* for Interest's sake,  
*Clodios* and *Timons* to their Bosom take,  
And (if avenging Heav'n permit Increase)  
People the World with Folly and Disease<sup>320</sup>.

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<sup>316</sup> Cowper, *Letters*, vol. ii, ltr to John Newton, dated 12 July 1784, 265; Alexander Pope, *Characters*, 119.

<sup>317</sup> Namely, John Haslam's *Illustrations of Madness* (London, 1810), based on the case of James Tilly Matthews, in Bethlem from 1797-1813; (ed.), Roy Porter (London, Routledge, 1988). For quote, see Porter's intro. xxxvi.

<sup>318</sup> See Ward, *London Spy*, 55; Brown, *Amusements*, 35-6, and *infra*.

<sup>319</sup> See e.g. Middleton & Rowley, *The Changeling*; Ben Jonson, *Bartholomew Fayre*. Possibly this derives from the controversial privileges of the hospital as a sixteenth century Gretna Green, outlined by O'Donoghue and Reed. It seems highly improbable, however, that the celebration of unlicensed marriages at Bethlem survived into the seventeenth century, outside of literary tradition.

<sup>320</sup> See *The Answer to the foregoing Elegy* (London, 1733)—i.e. to *An Elegy To A Young Lady, In the Manner of Ovid*.

With an Answer: *By a Lady, Author of the Verses to the Imitator of Horace, 1733* (London, 1733)—in Lady Mary Wortley Montagu, *Essays and Poems and Simplicity, a Comedy* (ed.), Robert Halsband & Isobel Grundy

It is merely the ingenuousness of the young lady visitor of Richardson's *Familiar Letters* (1741), which is manifested by her inability to 'credit' what she has heard about Bethlem being 'often used for the resort of lewd persons to meet and make assignments'<sup>321</sup>. Yet such representations of the environment of the hospital, if regurgitated without qualification by historians, remain distorted<sup>322</sup>. Much of this is scurrilous scandal-mongering and muck-raking, and is coloured by educated disdain. It is questionable just how much observers relied on each other and how objectively on the reality they observed. Neither such conduct, nor the polemic that accompanied it, were unique to Bethlem, but are encountered also in accounts of visitors to St. Paul's, Westminster Abbey, and other sights and buildings open to the public. Of course, these accounts and the writings and journals of members of the elite themselves demonstrate just how endemic and tolerated prostitution was in early modern London<sup>323</sup>. Often, however, the type of courting that went on at Bethlem must have been much closer to the more innocent practices witnessed at many a local fair, and portrayed at Bethlem by Carey, in 1713<sup>324</sup>. At mid-century, the oculist John Taylor ('only son of the celebrated [oculist] Chevalier Taylor'), and his future wife, 'chose...Bedlam' 'for their courtship' simply because the latter's father 'strongly opposed their union', and the crowds of Bethlem certainly provided perfect cover (as well as diversion) for those 'obliged to court in secrecy'. That looking back from the perspective of the nineteenth century, the author (also) John Taylor regarded his parents' choice of rendezvous as 'strange' and the admission of 'casual visitors' to the hospital as a 'disgrace', is a measure of how much 'respectable' attitudes towards the insane had changed over the intervening period<sup>325</sup>.

Just as prostitutes inevitably pursued the crowds at Bethlem and elsewhere, hucksters and thieves, too, infiltrated the ranks of visitors. Hucksters hawked their wares of 'Nutts Cake [and]...fruite' to the patients and visitors, contributing to the fairground atmosphere of the hospital<sup>326</sup>. Exactly how customary this was is difficult to ascertain, nevertheless. Hucksters

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(Oxford, Clarendon, 1977), 271-2, ls 39-45.

<sup>321</sup> *Familiar Letters*, 201-2.

<sup>322</sup> See e.g. Altick, *Shows*, 45.

<sup>323</sup> See e.g. James Boswell, *Boswell's London Journal* (ed.), Frederick A. Pottle (London, Book Club Associates, 1974), 54, 240-41, 263-4 & *passim*.

<sup>324</sup> Henry Carey, *Poems*, 128.

<sup>325</sup> Taylor, *Records of my Life*, i, 3.

<sup>326</sup> *BCGM*, 30 March 1677, fol. 358.

may well have been confined by in large to the holiday periods. The selling of these wares was officially prohibited at the Moorfields building<sup>327</sup>. In 1708 Brown spoke of 'Bottled Ale and Cheesecakes' being consumed by visitors, but this was '*after [my italics] they are Coupled and gone out*', as indeed was the case with Carey's apprentice and his sweetheart five years later<sup>328</sup>. Historians' views concerning the rife of hawking, feasting and imbibing amongst visitors at Bethlem are, on reflection, somewhat exaggerated<sup>329</sup>.

Pickpockets and other thieves certainly preyed on both visitors and patients, and would have been much less conspicuous and less difficult to detect on entry than hucksters. It would be a mistake, however, to presume that either hucksters or thieves were countenanced as visitors by the Governors, or allowed to conduct their trade unimpeded<sup>330</sup>.

### Governors, Staff And Visiting: Rules And Reality

Thus far, I have spoken predominantly about the motives and attitudes of spectators themselves to visiting Bethlem, and very little about the responses of governors and staff to visitors, or about the regulations governing the practice. Historians have said a great deal about the scandal of public visiting, but virtually nothing about the way in which the hospital administration attempted to deal with it, or about the rationales behind hospital policy. No thorough going attempt has been made to marry the literature of 'Visits to Bedlam' with the documentary evidence available from the Governors' Minutes. Anyone familiar with the modern historiography of Bethlem could be forgiven for assuming that its governors did nothing to control the access and conduct of visitors until 1770.

Just how unlimited, indiscriminate and unsupervised, then, was public visiting at Bethlem? During the first half of the seventeenth century, the access of visitors does seem to have been totally unregulated. In the absence of any definite restrictions established by the Governors (or recorded in their minutes) it is difficult to contest the evidence of early Stuart literature that visitors were largely left to their own devices. Here, indeed, Bethlem is looked upon as

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<sup>327</sup> *Ibid.*

<sup>328</sup> Brown, *Amusements*, 24; Carey, *Poems*, 128.

<sup>329</sup> Altick's amalgamation of all these elements together, detailing the 'nuts, fruit, and cheesecakes being hawked, beer brought in from nearby taverns, and pickpockets hard at work', to substantiate his comparison of Bethlem with Bartholomew's Fair, may not <sup>have been</sup> ~~be~~ so much 'the rule' at Bethlem as he maintains; *Shows*, 45. See *infra*.

<sup>330</sup> See *infra*.

somewhere visitors may 'lurk' or idle away 'the Interim houres', free to 'practise' whatever 'jest' or 'knavery' they might concoct—so much so that they might worry lest 'wee shall stay too long'<sup>331</sup>. Yet, even in Jacobean drama, spectators were not absolutely at liberty to 'abide' in Bedlam as long as they pleased, irrespective of their behaviour and completely unhindered by the hospital staff. In *The Pilgrim*, for instance, both Pedro and Alphonso are upbraided by the madhouse 'Master' for provoking the patients. Pedro having been instructed to 'be mild' with the mock-fool, Alinda, is, once deemed to have disturbed her, ordered out of the house in the strongest terms<sup>332</sup>. In *The Changeling*, too, Lollio, the madhouse keeper, proves much more vigilant over the 'idle visitants' than might be expected, ultimately getting the better of both Antonio and Franciscus, who had attempted to dupe him.

It was not until 1663, however that the Governors imposed a mandatory limit on the length of time spectators could remain in the hospital. Even at this juncture the Porter was merely ordered to ensure that the hospital gates were shut at 7p.m. in Autumn and Winter, and 9p.m. in Spring and Summer, and to allow no one 'to come into the hospitall after...those respective houres'<sup>333</sup>. The same closing hours were adopted at the Moorfields building in 1677, where visitors were warned to depart by the ringing of a bell by a servant<sup>334</sup>. While Edward Hutton was proudly proclaiming, on the Governors' behalf, thirty years later, that no one was 'admitted to come or stay in (as a Spectator) after Sun-setting', this meagre restriction can have been little comfort to the beleaguered patients<sup>335</sup>. Visitors were still free to loiter in Bethlem from opening time (at the latest, 9a.m.) to closing time<sup>336</sup>. The criticisms of observers like

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<sup>331</sup> Thomas Dekker, *Northwood Ho* (1607), IV, iii, ll 31 & 161-94, 458 & 462. See, also, *The Honest Whore* (1604), V, ii, 104-517; Middleton & Rowley, *The Changeling* (1622), I, ii; III, iii & IV, iii, & Fletcher's *The Pilgrim* (1621/2), V, i-v.

<sup>332</sup> Indeed, the Master threatens Pedro unless he 'depart', and 'presently', he shall be forced and complaint made 'to the Governour'; III, vii, ll 130-71 & IV, iii, ll 104-6.

<sup>333</sup> *BCGM*, 21 January 1663, fol. 31.

<sup>334</sup> *Ibid.*, 30 March 1677, fol. 356.

<sup>335</sup> Hutton, *A New View of London* (London, 1708), vol. ii, 732.

<sup>336</sup> It is not absolutely clear from any of the examined sources at what hour the hospital was accustomed to open its doors to visitors, before 1765. While servants rose at 6a.m. in summer and 7a.m. in winter, and patients were allowed out of their cells very soon afterwards, a couple of hours grace seem to have been given staff to perform their necessary duties. See *BCGM*, 20 June 1765, fols 132-8. In 1765, the Porter was ordered to keep 'the Bar Gates on both sides...shut' until 9a.m., and 'no Patient...Suffered to go out till that time'. In the 1730s, however, the patient, Joseph Periam, had clearly been accustomed to be released from his cell at 6 or 7a.m. See chap. 3, *infra*.

Tryon that visitors were allowed and were accustomed to remain 'for several hours (almost all day long)' during their 'Holy-dayes, and such spare time' seem entirely justified<sup>337</sup>. Reformers had to wait another sixty years before the Governors further restricted visiting hours; to after 9a.m. in 1765; to between 10a.m. and 3p.m. in 1769, and to between 12p.m. and 2p.m., and only on Mondays and Wednesdays, in 1770<sup>338</sup>.

While visitors were to some extent admitted to Bethlem on sufferance, conditional upon their good behaviour, it was not until 1650 that the Governors made any formal attempt to regulate that behaviour. In that year, the Court was 'informed' of 'diverse abuses...com[m]itted' on Sundays at Bethlem involving 'young men maids [and]...girdes', and 'other loose or idle people', 'coming into the hospitall' and abiding 'there idly or p[ro]fanely spending there tyme...and molesting and troubling the poore Lunatiques'<sup>339</sup>. While this is the first record in the Minutes of any such 'abuses' during the seventeenth century, it is unlikely that they were a novel occurrence. Although the Governors claimed that these visitors had gained admittance by dissembling<sup>340</sup>, access had never been conditional upon good intent. The Governors' partial ban of Sunday visiting in 1650, by requiring the Porter to discriminate between well-intentioned and ill-motivated visitors, and to expel loiterers who disturbed the patients, seems, in retrospect, inadequate, naive and impracticable<sup>341</sup>. If enforced it would have been the inevitable source of uproar at the hospital door and on the wards, and at any rate conflicted with the interests of the Porter and servants in making their own profits from visitors. In any case, it still allowed six days a week for the ill-motivated. That the ban on Sunday visitors was made total in 1657, and extended to festival days (excepting only medical staff and matters of absolute exigency); while, in the interim, unauthorised alcohol had been 'brought into the...hospital', and visitors had still been allowed 'to walke about in the...hospitall'; suggests that the ban had rarely been imposed during 1650-57<sup>342</sup>. The implication of this order, that unsupervised visitors had been allowed

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<sup>337</sup> Tryon, *Dreams and Visions*, 290.

<sup>338</sup> *BCGM*, 20 June 1765, 27 April 1769 & 21 January 1770; fols 134, 250 & 316.

<sup>339</sup> *Ibid*, 4 September 1650, fols 462-3.

<sup>340</sup> I.e. 'through pretence of doing them [the patients] good & relieving them' *ibid*.

<sup>341</sup> He was to keep the hospital doors shut on Sundays; to 'allow none to enter but such as bring releif to the said poore Lunatiques or come to doe them goode', and to 'suffer noe young men maids or girdes or other loose or idle people' either to enter on Sundays, 'or to abide there idly or p[ro]fanely spending there tymes or to disturbe the poore Lunatiques there'; *ibid*.

<sup>342</sup> *Ibid*, 12 June 1657, fol. 817. This exceptional exigency was expressed in terms of 'some p[re]sent necessity



by staff to ply the patients with alcohol for their amusement, gives an indication of what exactly 'molesting and troubling the poore Lunatiques' had entailed in 1650. One must also bear in mind the accounts of observers like Tryon, of spectators taunting and laughing at patients.

Evidently, the Governors' prohibition of Sunday and 'holy day' visiting arose considerably out of their Puritan sympathies (see chap. 6). High churchmen had generally been quite indulgent about holiday diversions in the early seventeenth century, but, by mid-century, Puritans were lobbying vociferously for 'the abolition of all remaining holy days, [and] a ban on [recreations like] maypoles and Sunday dancing'<sup>343</sup>. An interdict on 'profane' holiday visiting was not merely misplaced sanctimoniousness, however, for these were the very days when most people were at a loose end and when Bethlem must have received most of its visitors. While visitors simply came *en masse* during the other days of the holiday periods, it is possible that it was only around 1650, and more especially after 1676, that the quota of visitors to Bethlem became an exigent problem. Indeed, one must be careful not to expect too much of the Governors at this date. It was not until the 1740s that the tide of opinion really turned against public visiting and that the practice really came under the concerted fire of criticism. As late as 1697, Daniel Defoe singled out the exclusion of visitors on Sundays as one of the 'exceeding good' 'orders for the government of the hospital...and a remarkable instance of the good disposition of the gentlemen concerned in it'<sup>344</sup>. At St. George's hospital, too, as late as 1764, a Sunday ban was the only restriction on visitors access to the patients, and even this had aroused objections from the public<sup>345</sup>. The Bethlem Board was not so out of touch with enlightened opinion as we have been led to believe.

Although the Governors instructed the Porter in 1657 not to 'suffer any strong drinks to be brought into the...hospital', without the physician's authority, 'nor any man' to loiter there, the formalisation and elaboration of this order in the 1677 rules suggests the persistence of the abuse, and that both visitors and staff had been apt to 'give...st[r]ong Liquors to...the Lunatikes'<sup>346</sup>. Cataloguing the rabble's misconduct towards patients just twelve years later,

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concerning life or sudden danger or as there shall be occasion to call in any person for their Assistance'. Occasionally, medical staff were unavailable and officers or servants were forced to procure the services of a local medical man.

<sup>343</sup> Thomas, *Decline of Magic*, 75.

<sup>344</sup> Defoe, *A Tour Through England and Wales* (London, 1724-6) (ed.), Ernest Rhys (London, J. M. Dent & Sons, 1928), 366.

<sup>345</sup> See *Annual Register*, 1764, 70-71.

<sup>346</sup> *BCGM*, 30 March 1677, fol. 358.

Tryon had alleged that Bethlem was open to the inhumanity of any 'Drunken Companion'<sup>347</sup>. By the end of the century, visitors had become accustomed to use the hospital as a regular venue prior (and, presumably, subsequent) to a session of carousing at a local tavern.

In 1699, the Court received 'intimation' that 'of late severall Lewd & disorderly people have dayly resorted to the hosp[ita]ll', where they 'doe frequently meet...[and proceed] to tavernes and other places to Com[m]itt Lewdnesse and debauchery'<sup>348</sup>. Given the hospital's milieu, it is doubtful that this was so 'late' a development. Nor is it just alcohol related misdemeanours that are suggested here. The recurrent references in the Court Minutes to the presence of 'loose' or 'lewd' spectators in the hospital, recall the visitor-'gallants' of *The Changeling*, 'of quick enticing eyes', and the 'Jacks' and 'Jills' of *The London Spy*, and give some credence to the depictions of the hospital as a hive of permissiveness<sup>349</sup>.

Although the Governors were neither unaware of, nor unresponsive to, the need to discriminate amongst their clientele, there is little evidence in their minutes to contradict Tryon's account of the promiscuity of visiting at Bethlem<sup>350</sup>. Amongst the visitors subject to the Court's censure in 1699 were, once again, 'Young boys or Girls' (like those censured in 1650), and particularly, those believed to be 'Apprentices', who 'have noe other Buisynesse in the...hosp[ita]ll then to spend their time Idly'<sup>351</sup>. Tryon too had characterised disorderly visitors as 'vain Boy[es] [and] petulant Wench[es]', and it was crowds of 'prentices' who were alleged to have provoked the fracas at Bethlem in 1677 involving Lord Gerard<sup>352</sup>. Despite a firm injunction to Porter and servants to bar anyone fitting such descriptions or 'that they have the least suspicion to be a Lewd or disorderly Liver', little had changed eight years later. In 1707, protestation was

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<sup>347</sup> Tryon, *Dreams & Visions*, 290-91.

<sup>348</sup> *BCGM*, 14 July & 11 August 1699, fols 280 & 289.

<sup>349</sup> *Changeling*, I, ii, ls 52-7, 16-17. See, also, section on 'Ulterior Motives' *supra*. The Governors' descriptions of offending visitors as 'loose', 'idle' and 'disorderly' tells the historian frustratingly little about the exact nature of visitors' behaviour, and what it was about it that caused the Court most concern. This kind of invective was uniform to contemporary courts, employed to vilify culprits before Bridewell and the London and Middlesex Sessions alike. Thieves arrested at Bethlem, hauled before Bridewell, and spoken of in the same language, provide a further indication of what the terms could conceal. See *BCGM*, 30 April 1680 & 9 December 1756, fols 148 & 233.

<sup>350</sup> I.e. 'Swarms of people of all Ages and Degrees'; Tryon, *Dreams & Visions*, 290-91.

<sup>351</sup> *BCGM*, 11 August 1699, fol. 289.

<sup>352</sup> Tryon, *Dreams & Visions*, 290-91; Sav'le, *Correspondence*, 58.

once more made to the Court 'that sev[er]all idle p[er]sons resort to Bethlem to the great and shameful disturbance of the Lunaticks there'<sup>353</sup>. However stern the resultant admonition to staff may have been, Edward Hutton's confidence in the following year 'that...no loose Person or Apprentice is suffered to loyter away the time in this Hospital', seems unjustified<sup>354</sup>.

Although greater efforts were being made at the turn of the century to differentiate between the 'loose' visitor and the visitor 'of quality', the contemporaneous comments of Ward and Brown, and the criticisms of other observers over the next six decades, indicate that these efforts were largely unavailing<sup>355</sup>. Plainly the Governors did not simply do nothing about the problem. On the other hand, they took no further action to discriminate amongst spectators until 1765, when the Court recognised that its old ruling had been 'much Neglected' during the Interim<sup>356</sup>. Even at this juncture, the Governors merely revived what they still considered 'a very good Rule', adding 'Jews on a Saturday' to the previous clichéd categories of offenders; namely 'Prentice Boys [and] Idle Girls'<sup>357</sup>. Once again, then, the Porter and basketmen, who had failed to observe this regulation with much vigour formerly, were trusted 'not to Suffer [these visitors]...to stay long in the House and loiter away their Time', and were to 'turn them out if they behave improperly'.

It would be overstating the case to maintain that such injunctions were completely ignored by staff. Instances when visitors were excluded or ejected from Bethlem, by their very nature, would not normally be recorded in the Governors' Minutes. Very occasionally, however, explicit evidence does emerge of visitors being excluded, or of special cases being ordered kept 'more closely Confined'. It was certainly easier to isolate individual patients, than to weed out unwelcome visitors. Patients regarded as violent or politically sensitive, like Richard Farnham, the blasphemous, bigamous, evangelical, in Bethlem during the 1630s, were kept locked in their

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<sup>353</sup> *BCGM*, 2 May 1707, fol. 347.

<sup>354</sup> Hutton, *View*, vol. ii, 732.

<sup>355</sup> For these decades, see e.g. Ward, *London Spy* (1699); Brown, *Amusements*, (1708); Jacob, *Bedlam* (1723); de Saussure, *Foreign View* (1725); Richardson, *Familiar Letters* (1741); *Spectator*, vol. 18, May 1748; *The World*, no. xxiii (1753); *London Chronicle*, 21-3 May 1761, and Mackenzie, *Man of Feeling* (1771).

<sup>356</sup> *BCGM*, 20 June 1765, fols 135-6.

<sup>357</sup> Mary Mills, a private patient wrongfully confined in Hoxton madhouse in the early nineteenth century, was rather unsympathetically treated by 'some Jew boys, who were allowed to vend their commodities through a little hole in the door of her apartment'. See *Annual Register* (1806), 400. The racist undertones of such pronouncements, however, cast doubt on their objectivity. For vending at Bethlem, see *supra*, 'Visitors, Provisions and Gifts'.

cells, and only 'afforded' the usual 'Liberty' of the house, once deemed to 'behave' themselves 'well and soberly' and to 'live Orderly'<sup>358</sup>.

The cases of Richard Stafford and Cromwell's Porter, Daniel, however, whose friends and devotees managed to maintain regular contact with them whilst confined in the latter seventeenth century, even from outside the hospital, illustrate the difficulty of restricting the accessibility of patients. Despite orders to the contrary from the Board of Greencloth, for at least six of the eight months Stafford was incarcerated, 'a great Concourse of people' was still allowed 'daily [to] resort' to him, and Stafford permitted to preach to them, supplied with writing materials by them and able to issue a stream of 'Pamphlets and Libels' deemed 'treasonable' by the Board, through his cell window which directly overlooked the street<sup>359</sup>. Similarly, according to the Reverend Charles Lesley, the basketman who had the charge of the lower southern gallery where Oliver's Porter was confined, (understandably) felt no responsibility whatsoever for the 'Persons' (mostly 'Women') who 'often come...to hear him Preach', and who 'wou'd sit many hours under his Window [which was the End-Room...next the Postern]', with great signs of Devotion', turning the pages of 'their Bibles' to Daniel's 'Quotations'<sup>360</sup>. Despite the progressive negation of the furore of prophesy, the open access of Bethlem to visitors continued to grant the insane a legitimate voice.

Some visitors were more successfully banned from the hospital. With the increasing condemnation by orthodox society of the spiritual transports and inspirational claims of multiplying numbers of dissenting religious sects, as credulous, enthusiastic and mad, and the considerable numbers of their ranks actually admitted to Bethlem, the hospital does appear to have frequently withdrawn its welcome to evangelical visitors<sup>361</sup>. In the middle decades of the eighteenth cen-

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<sup>358</sup> For Farnham, see *Privy Council Registers* (henceforth, *PCR*), vol. ii, 26 Jan. 1638, fol. 537, & *infra*.

<sup>359</sup> According to the Board, Stafford's writings were received by his friends who got them printed and then returned them to the prisoner for him to disperse. The Board recognised that ultimately the suppression of 'these Infamous Practices' must be left to the Governors, and there is no telling how strictly governors or staff adhered to these mandates. The Board's letter was not acknowledged by any order of implementation in the Court Minutes, and it is doubtful whether it would always have been feasible to distinguish a 'Suspected Person' from an ordinary visitor. Stafford was certainly moved to another, securer cell, however. See chaps 3 & 6, *infra*; *LS 13/105*, fols 69-70 & 73; *BAR*, fol. 140, & O'Donoghue, *Bethlehem*, 241-2.

<sup>360</sup> Lesley, *Snake in the Grass*, lxxxviii-xcii. Lesley's anecdote is possibly, of course, entirely fictitious being designed merely in accordance with his grand scheme of stigmatising the Quakers as mad and their religion as founded preeminently upon the weak minds of women. On the other hand, his description of Daniel's cell is accurately modelled on the layout of the hospital (see Fig 2f), and his account is lent support by the example of Stafford.

<sup>361</sup> See Porter, *Manacles*, 33, 67-80; O'Donoghue, *Bethlehem*, 254-5. 'Religion and Methodism' constitutes the 4th largest category in William Black's 'A Table of the Causes of Insanity', covering  $c\frac{1}{3}$  admissions to

ture, John Wesley, George Whitefield and other Methodist preachers and votaries, were (by their own accounts) effectually barred and expelled from Bethlem, out of anxiety that they would aggravate patients' conditions. Although able to correspond and afford some spiritual succour to one such devotee, Joseph Periam, when in Bethlem during the late 1730s, Whitefield reported 'hear[ing]...that there was an order given, that neither I, or any of his friends, should be permitted to come unto him'<sup>362</sup>. He also claimed that his application with another Methodist, Sewell, for Periam's discharge was contemptuously denied by the Bethlem Committee, on the grounds that they were as mad as the patient. Likewise, Wesley described having just begun an interview with 'a young woman in Bedlam' he was visiting in 1750, when he was informed 'that "None of these preachers were to come there"', 'for fear', supposed Wesley sardonically, 'of making them [the patients] mad'<sup>363</sup>. Whitefield's allegations may be part hearsay<sup>364</sup>. There is no reason to doubt, however, the hostility of either preacher's reception at Bethlem, nor that the reason for it, as they alleged, was the prevailing attitude that Methodism caused and sustained madness, and that all Methodists were as '*Methodically mad*' as each other<sup>365</sup>. This was an attitude that seems even to have been adopted amongst some of the patients, and of which few visitors could have been unaware<sup>366</sup>. The blatant open-air preaching of Methodists in Upper

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Bethlem, during 1772-87. See his *A Dissertation on Insanity: illustrated with tables, and extracted from between two and three thousand cases in Bedlam* (London, 1810). Sophie von la Roche was told by her conductor on visiting Bethlem that 'the greatest number of older women [patients] come from the Methodists' ranks...the strict doctrines of this sect [having]...made them anxious, which gradually gives way to a quiet kind of lunacy; but these cases were mostly cured'; *Sophie in London*, 170.

<sup>362</sup> *George Whitefield's Journals with his 'Short Account' and 'Further Account'* (ed.), W. Wale (1928), 261-7, and *George Whitefield's Letters. For the period 1734-42* (Edinburgh, The Banner of Truth Trust, 1976), ltrs 13, & 295, 497 & 273.

<sup>363</sup> *The Journal of the Reverend John Wesley* (ed.), Nehemiah Curnock (London, Epworth Press, 1938), 2 vols, vol. 2, 22 February 1750.

<sup>364</sup> It is impossible to be sure, for the Committee Minutes do not survive for this period. Even the Minutes which do survive, however, do not record any instance of a patient being barred from visitors until after 1770.

<sup>365</sup> Whitefield, *Journal*, 261.

<sup>366</sup> A poem purportedly written by a patient, dated May 1741, and sold to visitors for 3d, reflects the same antipathy for 'Whitefields' and the 'pernicious Doctrines' of Methodism, and the view that their 'Priestcraft' made men mad. Indeed, railed the author, 'each Pastor' deserves to 'be hang'd'. See Appendix 2b, *Bethlem A Poem. By a Patient*, ded. to the notorious Vice-Adml Edward Vernon, a governor. The original is in the Bethlem archives. Appendix 2b is taken from a reproduction in Alderidge, *Catalogue* (1976), Board 2G, 6 & 36.

Moorfields can have done little to enamour the sect to the hospital authorities<sup>367</sup>. A profound suspicion of Methodism was widely shared. Wesley and his clan encountered the same treatment at Newgate, as they had experienced at Bethlem<sup>368</sup>.

The exclusion of evangelicals from Bethlem does little to compliment the equitableness or objectivity of the hospital's discriminatory policy towards visitors, particularly when preachers do appear to have offered genuine consolation for troubled souls like Periam. Yet the bias cut both ways. The antipathy of Methodist firebrands towards somatic interpretations of madness and towards the Bethlem physician James Monro, plainly jaundiced their accounts of the hospital<sup>369</sup>.

If Methodists were occasionally cast out of Bethlem by staff, it seems likely that the 'Lewd', 'idle' and 'disorderly' youths condemned in the Court Minutes were too. Yet these proscriptions were narrowly cast and the extent to which the Governors were prepared to rely on the discretion of staff to enforce them was unrealistic, and left the practice of visiting prey to constant abuse. Fundamentally, this was a result of a warped set of priorities. The Governors' concern to exclude undesirable visitors from the hospital, was contradicted by their determination to impress on staff the need for deference towards visitors, and to put Bethlem very much at the disposal of the public. Servants were expected, as in 1657, to 'bee diligent and ready to show [visitors]...the house & lunatiques there', and, as in 1663, to address visitors in a respectful manner<sup>370</sup>. 'P[er]sons of Quality' were even (like the Governors whose peers they were) excepted from the rule requiring visitors to depart from the hospital at sunset<sup>371</sup>. These priorities, and the prevailing attitude to visitors as bringers of charity and to patients as passive 'Objects of Charity', undermined the ability of governors and staff to distinguish between salutary and deleterious visiting. Moreover, it inhibited their appreciation of the autonomous needs and interests

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<sup>367</sup> For Moorfield's preaching of Methodists, see Rupert Davies & Gordon Rupp eds, *A History of the Methodist Church in Great Britain* (London, Epworth Press, 1978-88), 4 vols, esp. vol. 1 (1978), 220-21 & vol. 4, 48-9; Whitefield, *Journal*, 255, 257, 259-60, 270, 273, 308 & *passim*; Wesley, *Journal*, *passim*; *Harlequin Methodist. To the Tune of, An Old Woman Cloathed in Grey*, Appendix 2c.

<sup>368</sup> Wesley, *Journal*, 22 February 1750.

<sup>369</sup> See chap. 4, *infra*; Wesley, *Journal*, vol. ii, 280, 385-6 & vol. iv, 313; Hunter & Macalpine, *Psychiatry*, 420-23; Thomas Church, *Remarks on the Rev. Mr. John Wesley's Last Journal* (London, 1745), 69-70; *The Letters of the Rev. John Wesley, A.M.* (ed.), John Telford (London, Epworth Press, 1931), vol. ii, 209, & vol. iv, 357, & Porter, *Manacles*, 67-73.

<sup>370</sup> *BCGM*, 31 July 1657 & 21 January 1663, fols 822 & 31.

<sup>371</sup> *Ibid*, 30 March 1677, fols 356-7.

of the patients.

When, in 1641, the Court was informed of the illness of two basketman, concern was exclusively expressed in terms of public charity, rather than with patients: 'whereby it was much feared that much Charity was lost for want of good lookinge after it [i.e. Bethlem] and attendinge'<sup>372</sup>. A half century on, it was once again the potential disaffection of their patrons and benefactors, as much as the health of the patients, which inspired the Governors to establish the Wardrobe Fund. Behind their concern for 'the Nakedness and Sufferings of the Patients' exposed to 'the Winter Seasons', lay a deeper anxiety about the exposure of 'the Hono[ur] and Reputac[i]on' of the hospital 'to Strangers and others'<sup>373</sup>. Likewise, when dealing with the daily excesses of 'Lewd & disorderly' spectators, in 1699, the Court seems to have been more worried about their conduct outside the hospital, and the consequent 'Discreditt' of 'the s[ai]d hosp[ita]ll and the good Governm[en]t thereof', than about their treatment of the patients. Indeed, this is not even mentioned<sup>374</sup>.

It may be for similar reasons, that one hears nothing in the press about Samuel Collins's odd suit against a basketman and a patient, for a leg injury he sustained whilst visiting Bethlem in 1735<sup>375</sup>. Collins had been injured whilst endeavouring and being prevented from forcibly gaining access to a female patient's apartment, in order to 'disturb' the Prince of Wales there, who was visiting the hospital at the same time. While the loyal *London Evening Post* reported the Prince's visit in glowing terms, any mention of the incident involving Collins was avoided<sup>376</sup>.

Of course, it would be more remarkable if a governing board in this period was not deeply concerned about the reputation of its hospital. There was a genuine enough relation between public opinion of the hospital and the standard of care it offered, and was (economically) capable of offering. As I have shown, the perusal of patients and of the conditions in which they were kept by the public served a positive function in so far as it provided stimulus or direct contributions

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<sup>372</sup> *Ibid*, 9 September 1641, fol. 348.

<sup>373</sup> *Ibid*, 29 November 1695, fols 16-17.

<sup>374</sup> *Ibid*, 14 July & 11 August 1699, fols 280 & 289.

<sup>375</sup> *BSCM*, 8 November 1735, fol. 347. The action was filed at the Court of Common Pleas, but searches have failed to establish whether or not it came to trial. If Theophilus Mason, the accused patient, had indeed helped to impede Collins from bursting in on the Prince, this may be another example of the strong impression made on patients by the visits of notables (*vide Carkesse infra*). How Collins hoped to gain damages against a patient is a mystery to me.

<sup>376</sup> *LEP*, No. 1239, 25-28 Oct. 1735. Even the less enthusiastic *Daily Advertiser* shows no sign of any awareness of the matter.

to the amelioration of such conditions, and exposed (or pre-empted by threatening to expose) cases of neglect or abuse. Yet the degree to which the interests of patients were identified with and ultimately subsumed under the interests of the public, distorted this function and relation. A good deal of the neglect and abuse patients endured, as I have indicated, was itself a product of visiting.

### Visitors' Swords And Security

In opening the hospital door so wide to visitors of quality, the Governors inevitably allowed in a great number of less principled visitors. Staff seem to have made no great distinction between visitors of quality and visitors with money. Furthermore, as we have seen, by no means all well-heeled visitors were well behaved in the hospital. The hospital's policy over visitors' swords is a prime example of how far the Governors were prepared to go in accommodating their quality clients, at the expense of the patients, and how much the access of visitors impaired the security of the hospital. It was not until 1708 that the Court forbade visitors to the Moorfields building to walk in the hospital wearing swords, ruling that all swords be deposited with the Porter at the gate<sup>377</sup>. This was thirty years after the riot involving Lord Gerard's sword-play, but had more to do with protecting visitors from patients. Owing to the 'inconveniency' of the regulation, however, it was only to remain in force for three months. In fact, the Governors were more worried about the expense of their patrons' displeasure, as a result of the Porter 'changeing [i.e. confusing] several gentlemen's swords that have been left with him at their Entrance', for which he was threatened with being sued, than about the riotous atmosphere in the hospital. The Governors arrived at the remarkable solution of requiring visitors to carry their swords in their hands, which could have done little to mitigate the volatility of crowds at Bethlem.

This episode provides another illustration of how literary depictions both reflect and transcend the reality of Bethlem. Swift's *The Legion Club* (1736) makes what appears to be an obvious allusion to the brief period of sword confiscation at Bethlem:-

Near the Door an entrance gapes,  
Crouded round with antic Shapes...  
By this odious Crew beset,  
I began to rage and fret  
And resolv'd to break their Pates,  
'Ere we enter'd at the Gates;  
Had not *Cho* in the Nick,  
Whisper'd me, let down your Stick;

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<sup>377</sup> For the ensuing discussion, see *BCGM*, 8 July & 22 October 1708, fols 424 & 446.



What said I, is this the Mad-House ?<sup>378</sup>

This poem, however, was composed and published 28 years after confiscation had been abolished. Swift's model may in fact have been a literary one, for in Dekker's *The Honest Whore* (1604), Father Anselmo 'disarme[s]' the visitors to his madhouse, warning them of the fierce, animalistic inmates, who

...have oftentimes from strangers' sides  
Snatcht rapiers suddenly, and done much harme,  
Whom if youle see, you must be weaponlesse<sup>379</sup>.

More likely, however, the policy was a much older tradition at Bethlem, and had prevailed at the Bishopsgate site in the sixteenth century.

### Visitors, Escape And Suicide

Armed gentlemen were not the only problem of security posed by the entry of visitors to Bethlem. Opportunities for escape for patients must certainly have been facilitated by the diversion afforded by spectators. One patient even managed to escape in disguise, illustrating once more the faithfulness of literary detail, Alinda having absconded from the madhouse of *The Pilgrim* and eluded her father by swapping clothes with another patient<sup>380</sup>. The numbers of escapes recorded in the Admission Registers are at their peak, however, in the period after visiting was curtailed, rather than before. While this may be explained primarily by improved book-keeping, it seems reasonable to presume that reduced contact with the public encouraged the impulse to escape, while reducing the occasion for it<sup>381</sup>.

The problem of suicide at Bethlem tells a slightly different story. Low levels of suicide in the Admission Registers, prior to 1770, assuredly manifest one of the benefits arising from visitors' surveillance of, and intercourse with, patients. Early on in the eighteenth century, hospital staff themselves averred that if patients attempted to harm themselves they invariably chose

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<sup>378</sup> *Legion Club*, ls 87-8 & 93-9.

<sup>379</sup> V, ii, ls 152-67, 98. Reed (*Bedlam on the Jacobean Stage*, 33) is vague and hypothetical about the factual basis for this passage.

<sup>380</sup> IV, ii, ls 23-60 & IV, iii, 45-61. Alinda swaps clothes with the 'She-fool' and confronts her father '(disguised) as a foole'.

<sup>381</sup> I am relying here on an unpublished statistical study of escapes in this period by Dr. Robert Howard, of BRH and the Maudsley hospitals.

Sundays when visitors were barred<sup>382</sup>. Escalating incidences subsequent to 1770, confirm what one might expect about the expanding opportunities for suicide after the restrictions imposed on visiting. On the other hand, visitors might themselves act as suppliers of dangerous implements to suicidal or violent patients. It was not until 1779, that visitors received notice, engraved at the top of their tickets, not to deliver 'knives or Instruments of any kind...to the Patients'<sup>383</sup>. No doubt this was an outcome of a patient using such an implement in order to commit suicide, and reveals just how inadequate former rules governing what visitors gave to patients had been. Despite this ruling, in 1803, William Norris 'stabbed William Howkins, one of the keepers [and another patient who had gone to his aid], with a knife, which had been incautiously left by a relative of a patient when visiting the Hospital'<sup>384</sup>.

### Visitors, Provisions And Gifts

More positively, visitors were providers of provisions for patients. Prior to the move to Moorfields, the hospital administration made no efforts whatsoever to restrict this traffic, and visitors were at liberty to treat patients with whatever they chose. Bethlem had long received gifts in kind from its benefactors and continued to do so for much of the seventeenth century, and its governors must have looked upon tit bits from visitors with indulgence, as a supplement to the charity of the hospital. Moreover, the slender nature of the meals at Bethlem (partially in conformity with medical conviction in a lowering diet; see chapter 3) must have rendered nourishing gifts a welcome boon for hungry patients. Literary depictions of patients commonly portray them begging or yearning for food and drink, although often serving merely to illustrate the appetitive seat of insanity<sup>385</sup>. Some of the 'Companions' who visited Peggy in Phillips's *Apology* (1748-9) brought her 'a few Sweet-meats'<sup>386</sup>. Likewise, at Newgate and other prisons, many prisoners were partly reliant for their sustenance on the presents of friends and passers-by<sup>387</sup>.

<sup>382</sup> See O'Donoghue, *Bethlehem*, 234.

<sup>383</sup> *BSCM*, 22 May 1779. In fact, only the tickets of patients' securities were explicitly ordered to be engraved in this way, but these tickets are unlikely to have been any different from the ones issued to strangers.

<sup>384</sup> See *Madhouses Committee Reports* (1815/16), 4th Report (1815), 201-2.

<sup>385</sup> See e.g. *Northwood No. IV*, iii, ls 58-65; *Honest Whore*, V, ii, ls 231-8 & 271-93, & *The Pilgrim*, III, vii, ls 1 & 9-51.

<sup>386</sup> Teresia Constantia Phillips, *An Apology for the Conduct of Mrs T. C. Phillips* (London, 1759; 1st edn 1748-9), 3 vols, iii, 72.

<sup>387</sup> See e.g. R. B. Pugh, 'Newgate between two fires', parts i & ii, in *Guildhall Studies in London History*, vol. iii, nos 3 & 4, October 1978 & April 1979, 137-63 & 199-222.

Plainly not all such gifts were charitable or salutary. Some visitors exploited the patients by making them pay or getting them drunk. The author of *Low-Life* (1752) alleged that 'the Nurses [i.e. servants] of Bethlehem Hospital' could be observed at lunch times 'putting by the best Part' of patients' 'appointed Messes...for their ancient Relations, and most Intimate Friends, who are to come and visit them in the Afternoon'<sup>388</sup>. Indeed, entries in the Governors' Minutes confirm that the house provisions were not infrequently diverted from patients or 'give[n] away' by staff<sup>389</sup>.

While the Court attempted for the first time partially to protect patients' diet from the interference of visitors in 1677, it is unlikely that their efforts were entirely effective<sup>390</sup>. It is tempting to see an analogy between the Governors' ban on visitors giving or selling alcohol, nuts, cakes and fruit, to patients, and signs at zoo's notifying the public:- DO NOT FEED THE ANIMALS

Such analogies are ultimately distortions, however, more pertinent to the attitude of ill-motivated visitors, than to the more pragmatic concerns of the Governors and medical staff, and would merely serve to perpetuate the sensational image of Bethlem. The designation of nuts, cake, and fruit, as harmful to patients' health, now, of course, seems simply misguided. Even the abstemious Tryon appreciated the health-giving qualities of fruit<sup>391</sup>. Yet abstinence from excessive consumption of rich food stuffs was advocated by a wide range of contemporary medical treatises and popular health manuals, including Tryon's own. Tryon and most orthodox opinion was, of course, firmly set against the imbibing of spirituous liquor. In practice, judging by De-foe's remarks, tobacco also seems to have been added to the list of prohibitions. Tobacco had long been held in dubious regard, some defending it as a panacea and prophylactic, but many others decrying it as poisonous, or intoxicating, immoral and promiscuous, a cause of disease and even madness. In the latter part of the eighteenth and the early nineteenth century to-

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<sup>388</sup> *Low Life: or One Half of the World, knows not how The Other Half Lives...*, (3rd edn, London, 1762), Hour XIII, 12a.m.-1p.m., 58, (1st edn, 1752).

<sup>389</sup> See e.g. *BCGM*, 30 March 1677, fol. 359, & chaps 3 & 5, *infra*.

<sup>390</sup> See *ibid*, 30 March 1677, fol. 358. Bridewell beadles had been required to swear not to sell 'beer, strong water or tobacco' as a condition of their election since the early seventeenth century; see *ibid*, 11 March 1642, fol. 373.

<sup>391</sup> For this and subsequent refs to Tryon's dietary advice, see his *A Treatise on Cleanness in Meats and Drinks...* (London, 1682); *The Good Housewife made a Doctor...* (London 1682), and *Health's Grand Preservative...shewing the Ill-Consequences of drinking distilled Spirits and Smocking Tobacco...* (London, 1682), latterly called *The Way to Health*. See, also, DNB, vol. lvii, 274-5, Thomas Seccombe's account of Tryon, and George Cheyne's *An Essay Of Health And Long Life* (London, 1724).

bacco began to come into better favour with members of the enlightened elite, like Fielding, and psychiatrists, like Connolly<sup>392</sup>. Defoe selected the Governors' prohibition as worthy of especial praise in the 1720s. The hospital itself provided a modicum of fruit for patients, but tobacco was not countenanced officially at Bethlem until the latter part of the century, and then only rarely, subject to the approval of a medical officer<sup>393</sup>.

It is doubtful that patients with a few shillings to spare would have resented the presence of hucksters in Bethlem as much as the Governors or some modern historians. Nor were such visitors confined to the so-called 'fairground atmosphere' of Bethlem, but are to be met with at many of the city's visitable and carceral institutions.

Beyond their nourishment, visitors also quite regularly contributed towards the creature comforts of patients, by furnishing them with clothing, furniture, reading matter, writing materials, etc. James Carkesse's *Lucida Intervals* (1679), is replete with references to presents of both kinds from his genteel visitors<sup>394</sup>. The gift of an enormous church bible, with a stand, to Cromwell's porter, Daniel, from Charles II or Nell Gwyn, was common knowledge amongst contemporaries<sup>395</sup>. Mock and serious accounts of visits often spoke of books and pamphlets being passed or thrown into patients' cells. Even if, as in Fielding's *The Covent Garden Journal*, the gift was a convenient fiction, conceived in order to stigmatise the author as madder than the patient, it reflected a common enough practice at Bethlem<sup>396</sup>. On visiting in 1786, Sophie von la Roche found Margaret Nicholson writing, and reading Shakespeare, and an unnamed man 'in the lowest cell, with books all around him'<sup>397</sup>.

<sup>392</sup> See Fielding, *The Jacobite's Journal and Related Writings* (ed.), W. B. Coley (Oxford, Clarendon, 1974), no. 22, 30 April 1748, 263, and note 2, and B. A. Morel's *A Treatise of Degeneration, Physical, Intellectual & Moral...*, reviewed in *The Medical Circular*, vol. x, 6 May 1857, 207-8. For use and production of, and attitudes to, tobacco in early modern Holland, see Simon Schama, *The Embarrassment of Riches. The Golden Age of Dutch Culture* (William Collins, 1987), 193-8, 201-16.

<sup>393</sup> See Defoe, *A Tour*, 367; *BSCM*, 9 April 1785 & 20 June 1812, & chap. 3, 'Diet'.

<sup>394</sup> See *infra*.

<sup>395</sup> See e.g. James Yonge, *Journal*, 158; *Annual Register*, 1769, 57; O'Donoghue, *Bethlehem*, 185-7. According to Yonge, who saw Daniel in 1678, 'his bed [was] covered with Bibles, his breeches filled with them, and pieces of old ones'.

<sup>396</sup> *CGJ*, no. 62, 16 September 1752, 332-4.

<sup>397</sup> *Sophie in London*, 168-9. While these materials seem to have been ordered by the 'superintendent' (i.e. apothecary?) guiding Sophie's visit, the hospital did not directly provide such things and they must have been supplied and paid for by patients' friends or visitors.

The conveyance of alcohol into Bethlem by visitors was, as I have indicated, rather more pernicious. Despite the Governors' efforts in 1657, 1677 and 1699, to prohibit tippling amongst patients and visitors, the habit survived. Amongst the grievances of the anonymous correspondent of 1742, was the 'great offence to all who observe it' caused by 'the large Quantities of strong liquor carried in daily to Bethlem'<sup>398</sup>. It is imperative, however, not to get the situation at Bethlem out of proportion. This complaint was primarily (if not entirely) concerned with the contractual delivery of beer to the hospital, rather than the abuses of visitors. The Governors categorically denied that alcohol was allowed into the hospital for other than medicinal use, and without the authority of the medical staff. What beer was consumed by 'some patients', averred the Governors, was 'allowed by their friends', and certified as salutary by the medical staff, while neither 'servants [n]or any of the patients' were 'suffered to drink to Excess'. Even Methodists conceded 'the drinking of spirits' when 'prescribed by a physician'<sup>399</sup>. The 'offence' aroused in those who had observed barrel deliveries may have been limited to a puritanical minority, who did not understand or sympathise with the reasons behind the provision.

On the other hand, while the Governors' disclaimer may have been more accurate as far as patients were concerned<sup>400</sup>, staff both before and after this date were often found inebriated (see chap. 5), and very little control was exercised over what was given to patients. Rulings aimed at restricting patients' consumption in the latter eighteenth century, make it clear that formerly staff had habitually maintained a regular custom with the friends and visitors of patients, accepting money in order to buy patients treats, even 'Fetch[ing] or Retail[ing]...such things', or had allowed visitors themselves freely 'to Treat' patients<sup>401</sup>. In addition 'strong beer' seems to have been secreted into the hospital via the back gate, or some other irregular route, instead of through the Steward's apartment as was proper<sup>402</sup>.

If visitors occasionally overdid their supply of foodstuffs or alcohol to patients, nevertheless, it is unlikely that this proved greatly deleterious to patients' health. In a society where insanity and vice were more closely associated with drunkenness than they are today, and in a period of

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<sup>398</sup> *BCGM*, 27 January, 17 February & 12 March 1742, fols 138, 141 & 175.

<sup>399</sup> See *ibid.*, and Davies & Rupp, *History of Methodist Church*, vol. i, 196 & note 104.

<sup>400</sup> Although, see chaps 2 & 3, re. patients being rewarded for services in the hospital and slipping into the beer cellar unnoticed.

<sup>401</sup> See e.g. *BCGM*, 20 June 1765, fol. 136.

<sup>402</sup> *Ibid.*, fol. 132.

crusading endeavours to tighten licensing laws and to penalise those who indulged, the 'offence' of critics must be taken with a pinch of salt. The protestations made by patients themselves at the occasional poor quality of Bethlem beer, demonstrate how much they appreciated a good provision. If some visitors had sought amusement by getting patients drunk, they were only an unfortunate minority. The majority of 'strong liquor' given to patients indubitably came out of good intentions or indulgence.

In the latter eighteenth century the Governors dramatically tightened their control over what comestibles and potables were permissible for patients. Their former restrictions were clarified and elaborated to embrace unauthorised 'tea wine or strong beer' in 1765, 'sugar' in 1778, and 'any [unauthorised] provision whatever' in 1794<sup>403</sup>. The repetition and extension of these proscriptions may suggest their ongoing abuse, although one must be cautious not to belabour this kind of methodology. More importantly, these rulings manifest the hospital's increasing self-definition and the advancing prominence of medical criteria in determining the environment of Bethlem. Nevertheless, they lagged fourteen years and more behind the third rule governing the conduct of the keepers of St. Luke's, on its foundation<sup>404</sup>.

Undoubtedly, the radical reduction in the numbers of visitors to Bethlem, after 1770, must have made their gifts to patients easier to regulate. Yet the withdrawal of items like tea and sugar was once again the outcome of popular misconceptions<sup>405</sup>. The ban on tea may not have lasted long or been enforced across the board, however. Sometime before 1770, Grosley, a French visitor to Bethlem, was compelled to take tea with the daughter of a French refugee and 'a room full of women [patients] of all ages' (presumably, in one of the parlours reserved for convalescents at the hospital)<sup>406</sup>. Grosley's visit was possibly undertaken before 1765, however. The hospital's

<sup>403</sup> *Ibid.*, fol. 136; *BGCM*, 4 September 1778 in *BSCM*, and *BSCM*, 18 October 1794. From 1765, visiting friends were required to sign their names in the Steward's book if they desired to order 'Particular things' for patients; *BCGM*, 20 June 1765, fol. 133

<sup>404</sup> This order forbade 'any strong Beer, Spiritous Liquors, Tea or Provisions of any kind to be brought into the House to the Patients from their friends or any Person whatsoever'. See 'Rules & Orders to be observed by the Officers and Servants of the Hospital', drawn up by the House Committee & passed by St Luke's General Committee on 23 Oct. 1751, in book of foundation orders etc, in St. Luke's Woodside archives, 23. St. Luke's also instituted a 'Visitors' Book' for 'Complaints of any Neglect or Misconduct' by staff, in 1751, whereas at Bethlem this initiative was not adopted until after visiting had been curtailed in 1770. See General 'Rules and Orders' passed by the General Court, 26 June 1751, rule 36, in *ibid.*, 11.

<sup>405</sup> Tea, coffee and sugar were, like tobacco, regarded with suspicion by many contemporaries, medical men in particular, and even seen as linked causally to insanity. See e.g. *A Broad-side against Coffee, Or the Marriage of the Turk* (London, 1672). For an opposite view, see e.g. *Rebellious Antidote, or a Dialogue Between Coffee and Tea* (London, 1685).

<sup>406</sup> Grosley, *Londres*, vol. ii, 12; 'je tombai dans une salle remplie de femmes de différens âges qui...alloient

increasing assumption of competence over patients' nourishment, to the exclusion of the visitor, was not without drawbacks. When Wakefield visited Bethlem in 1814, he found that 'The patients generally complained much of being deprived of tea and sugar'<sup>407</sup>. Metcalfe's *Interior of Bethlehem Hospital* (1818), describing two spells of confinement in the early nineteenth century, indicates that, with less interference from visitors and their direct charity, staff were even freer to monopolise an extortionate trade with the dainties patients desired<sup>408</sup>.

### Thieves

As already outlined, some visitors came to Bethlem with the opposite intention of stealing from patients. I have unearthed only five instances of theft recorded in the hospital records during 1680-1750, but a great many more must have gone undetected<sup>409</sup>. Thieves filched whatever they could get their hands on, from the 'scarffe' of 'a gentlewoman', or a woman patient's 'Handkerchief of Small Value' (and probably hospital issue), to a patient's 'Pewter Plate and Porringer', or lead from the hospital roof. The persistent rifling of the poors' boxes, patients' and provisions, may also occasionally have been the work of outsiders<sup>410</sup>. Thieves might work the wards singly, or like John Welling, 'with others' in teams. Moorfields had long been a haunt of the city's crooks. The throngs at Bethlem, particularly over the holiday periods, must have presented easy pickings. Selfish strangers and even 'the friends or Acquaintance[s]' of patients might also, on their visits, attempt to steal or otherwise 'take' patients money, although (whether through deception or good intention) this was forbidden by the Governors in 1677<sup>411</sup>. Money found in the possession of a patient was supposed to be given to the Treasurer for safe keeping, until his recovery or until it was expended for his own use in the hospital. In practice this only seems to have occurred with very large sums, however, and one patient was still found

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prendre le thé en commun. Le...fille d'un réfugié parloit Francois...me for ca de partager le thé...'.

<sup>407</sup> See *Madhouses Committee Report*, 1st Report (1815), 11.

<sup>408</sup> Urbane Metcalfe, *Interior of Bethlehem Hospital* (London, 1818).

<sup>409</sup> For these and ensuing discussion, see *BCGM*, 30 April 1680, 14 October 1720, 24 July 1751, & 9 December 1756; fols 148, 433, 11 & 233, & *Steward's Accounts*, 4-11 & 18-25 September 1731.

<sup>410</sup> See e.g. *BCGM*, 30 March 1677, fols 358 & 360, rule implying that considerable amounts of provision was going missing, and Dekker's *Honest Whore*, part i, V, ii, ls 27-30; 'How! no noise! do you know where you are: sfoot amongst all the mad-caps in Millan: so that to throw the house out at window will be the better, and no man will suspect that we lurke here to steale mutton'.

<sup>411</sup> *BCGM*, *ibid*, fol. 358.

to have secreted nearly £12 in her cell on her death in 1650<sup>412</sup>. That thieves were arrested by staff in the hospital, no doubt at the instance and with the collaboration of other visitors, or even patients themselves, is an indication that visitors were not simply left to their own evil devices at Bethlem. From c1709, the Governors took the salutary initiative of getting the Bethlem Porter annually elected as a city constable by the Court of Aldermen, and most of the arrests at the hospital seem to have been carried out under his authority<sup>413</sup>. Bethlem's thieves were naturally sent to Bridewell once apprehended, and in one special case the hospital not only footed the bill for 'the Tryall of the Theefe' and 'Coach hire', but also rewarded 'ye Theif catchers' with 'A bottle of wine'<sup>414</sup>. The petty purloining of visitors to Bethlem and the fact that so few of them were caught in the act could be used as further ballast for the scandal sheet of Bedlam, and to emphasise the laxity of staff, and of procedures for the supervision of visitors. Yet visiting entailed a highly prized source of income and provisions for the hospital and its patients. Indeed, Bethlem gained much more in the way of resources from visitors, than it lost through theft.

### Holiday Visiting And Regulations

The appointment of the Porter to the constabulary was intended not only to curb the activities of visiting thieves, but 'to [help] prevent disturbances' in general, 'at Holliday times' in particular<sup>415</sup>. This, at least, is what the Bethlem Sub-Committee claimed in response to another complaint in the anonymous letter of 1742, that 'the Holyday behaviour in that Hospital [is] a Nuisance to the Inhabitants & a scandal to passengers'<sup>416</sup>. While the Governors accepted that 'great numbers of people resort to the Hospital' during these times, they totally dismissed the

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<sup>412</sup> The rule was selected for praise by Defoe in the 1720s, but he merely specified the liability of *servants* to confiscate patients' money; *A Tour*, 367. The patient concerned was Mary Malin (or Male), a widow of St. Bride, London, admitted to Bethlem as a vagrant lunatic, 23 June 1649. £4 8/6 had already been confiscated from her, on admission, and left with the Treasurer. That so much of this money was in sundry items of small change, implies that Malin may have been an unusually successful beggar. The hospital's appropriation of both these sums, on Malin's death, 'towards the charge of her keeping', suggests obvious motives for patients concealing their funds. See *BCGM*, 11 April 1650, fols 432-3.

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<sup>414</sup> *Steward's Accounts*, 4-11 & 18-25 September.

<sup>415</sup> *BCGM*, 12 March 1742, fol. 175. Indeed, the initiative may have originated as a 'Remedy' to the 'idle' visitors of 1707 (see *supra*), whose 'shameful disturbance of the Lunatikes' was referred to the Bethlem Committee by the Court on 2 May; *BCGM*, fol. 347.

<sup>416</sup> *Ibid*, 27 January, 17 February & 12 March 1742, fols 138, 141 & 175.



allegation itself, affirming the efficiency of their staff's attendance, and denying knowledge of 'any complaint...ever...made by any of the Neighbours or others concerning this matter'. Despite the apparent thoroughness of the Governors' investigation of this and other charges levelled by the same correspondent, it is difficult not to see their compurgation as a virtual whitewash. They could not have taken kindly to being blackmailed by the accompanying threat of publishing these charges in the press, unless some 'remedy' was taken. Yet, in view of the indictments of men like Tryon and Richardson, the unequivocal nature of the Committee's rebuttal suggests an attitude hidebound and blinkered by tradition. This also helps to explain why virtually unlimited visiting persisted at Bethlem for nigh on another thirty years, in the face of mounting public protest. How exactly the Porter who was duty bound to remain at the hospital gate, or a mere handful of servants, could hope to control hordes of holiday visitors, the Governors did not deign to divulge.

Not until 1764 was it openly acknowledged by the Committee in their minutes (on information supplied by the President) 'that great Riots & Disorders have been Committed in this Hospital during the Holidays'<sup>417</sup>. The measures taken from this point onwards reveal how out of control holiday-makers had become at Bethlem. At Easter 1764 the Steward was ordered to provide 'four Constables and also four Stout Fellows as Assistants in each Gallery...to Suppress any Riots or Disorders that might happen'<sup>418</sup>. The Steward's Accounts reveal that for succeeding holidays this quota was altered to 'two Constables' and 'six Watchmen'<sup>419</sup>. The hiring of extra muscle to protect public places was by no means uncommon in this period, although by comparison Bethlem was rather late in adopting the initiative<sup>420</sup>. Furthermore, this measure was limited to the two peak days immediately after each festival day only<sup>421</sup>. Two years later, visiting on the three succeeding days after Easter, Whitsunday and Christmas day, was simply banned altogether<sup>422</sup>. Orders from the Court and Committee that notice of the fact be given

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<sup>417</sup> *BSCM*, 21 April 164.

<sup>418</sup> *Ibid.*

<sup>419</sup> See *Steward's Accounts*, for 22-29 December 1764, and succeeding holidays. See, also, *BSCM*, 8 December 1764.

<sup>420</sup> See ref. 224.

<sup>421</sup> The cost of this extra assistance for two days attendance with Provisions' was £3 2/5, no doubt a deterrent to a more extensive deployment.

<sup>422</sup> *BCGM*, 19 March 1766, fol. 152; *BSCM*, 22 March 1766, fol. 186.

in four public newspapers and posted 'upon the Pillars of this Hospital'; that the outer gates and front windows be kept locked and shut; and that staff 'attend their duty diligently during these three Holydays'; conjure up clearly enough the kind of holiday siege to which the hospital had formerly been subjected<sup>423</sup>. Sundays and public holidays had throughout the period been occasions for licentiousness of all sorts; for drunkenness, feasting, dancing, sexual indulgence, laughter, physical exertion, impudence, aggression, violence, and generally letting off steam; despite the interdicts and efforts of authorities and moral reformers aimed at curbing the worst excesses<sup>424</sup>. Plainly the riotous, carnival atmosphere of such days had occasionally been transposed to the galleries of Bethlem. While the Governors were tardy in taking any effectual action, poors' box receipts (Figs 2a<sup>& 2b</sup>) suggest that it was only in the 1760s that holiday visiting reached its summit<sup>425</sup>. The gradual curtailment of visiting in the 1760s cannot simply be interpreted as a reaction to the mounting disenchantment of the educated public. It was partly an internal response to an escalation of the problems posed by visitors beyond the hospital's capacity to cope. Undoubtedly, the historiography of visiting has been tainted by the publicity given to holiday excesses, and by the self-righteous indignation of succeeding generations<sup>426</sup>. Those who did pillory the practice of visiting over the duration of the period were primarily outraged with 'the holiday mob', rather than with visiting *per se*<sup>427</sup>. One must not presume, however, that the riots of holiday periods were a generalised phenomenon at Bethlem.

#### Staff, Visitors And The Poors' Boxes

Perhaps the major obstacle frustrating the Governors' efforts to restrain the access and conduct of visitors, was that their staff were more interested in supplementing their meagre wages out of spectators' pockets. Originally, in point of fact, staff were absolutely forbidden 'to begge or require anything of any p[er]son coming to Bethlem for...their paines', but were supposed to

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<sup>423</sup> *Ibid.*

<sup>424</sup> See e.g. Malcolmson, *Recreations*, esp. chap. 5.

<sup>425</sup> Indeed, the very year before additional holiday policing was introduced at Bethlem, takings for the first time topped £450, over one third of which was taken during April, May and December alone

<sup>426</sup> For an example of this retrospective distorted disdain, see Charles Dickens, *A Curious Dance*, in *Uncollected Writings* (ed.), Stone, vol. ii, 382: '[at] Bethlehem Hospital...lunatics were chained, naked in rows of cages that flanked a promenade, and were wondered and jeered at through iron bars by London loungers'. See, also, Daniel Hack Tuke, *Chapters in the History of the Insane in the British Isles* (London, 1882).

<sup>427</sup> See e.g. Tryon, *Dreams and Visions*, 290; de Saussure, *Travels*, 93; *BCGM*, 27 January 1742, fol. 175, & *The World*, no. xxiii, 138.

conduct spectators purely as part of their salaried duty<sup>428</sup> All charity was to be given to the Porter or Steward, or 'put into the poores boxe' and was always to be brought to account<sup>429</sup>. Yet the system was wide open to staff corruption. Their embezzlement of visitors' donations was, for much of the period, one of the most persistent items of complaint registered in the Governors' Minutes<sup>430</sup>. An expedient devised by the Court of two governors overseeing the accounting and disposal of this revenue every week proved effective, but short lived<sup>431</sup>. The necessary outlay from the poors' box to purchase provisions requisite for the house and the *ad hoc* method by which such expenditure was accounted for, gave staff considerable scope for deception<sup>432</sup>. Moreover, any member of staff given money to hand by visitors had ample opportunity to retain the proceeds. Most of the Governors' regulations concerning visiting were founded primarily on a trust which staff showed few signs of meriting. Far from barring undesirables from the hospital, the Withers's—Porter and Matron in the 1630s, 40s and 50s—seem to have 'shutt the doore against [visitors]', at one point, in order to force them 'to give more money to the Boxe then they are willing to give'<sup>433</sup>. Staff did not merely pocket donations, but rifled the poors' box itself. In the design of the new poors' box for new Bethlem, in 1676 (in conformity with the overall design of the building) more care was taken over presentation, to catch the sympathetic eye of visitors, than was taken over practical construction<sup>434</sup>. In 1709, structural

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<sup>428</sup> *BCGM*, 29 March 1637 & 28 April 1643, fols 112 & 35-6.

<sup>429</sup> *Ibid*, 21 June 1637 & 28 April 1643, fols 126 & 36.

<sup>430</sup> E.g. accusations of this nature were repeatedly made in the 1630s and 40s against the Porter, Humphrey Withers, his wife, and the basketmen. While mostly issued by the 'dishonest Steward', R'chard Langley, and his wife; whose bias against the Withers's is plain and whose testimonies are regularly shown to be false; and while 'not fully proven' before the Court; these charges were clearly much more than mere fabrication. The Governors delivered admonitions on each occasion to their staff and found the Withers's decisively 'faultie' in 1643. Langley had himself been suspended for, *inter alia*, his cheating in the laying out of the poors' box takings prior to 1638. For this discussion, see esp. *ibid*, *supra*, & 21 June 1637 & 3 December 1641, fols 126 & 36

<sup>431</sup> It only lasted from 1638-1641, when the suspended Steward was reinstated. See *ibid*, 9 & 28 February 1638 & 3 December 1641.

<sup>432</sup> See *ibid*, 21 June 1637, fol. 126.

<sup>433</sup> *Ibid*, 28 April 1643, fol. 36.

<sup>434</sup> The new box was altogether a much grander affair. Its gold inscription was set on marble tablets above the box, and composed by the Bridewell Chaplain, Moore. Its actual wording can have altered little, with the same object as before in mind; 'to desire such persons as shall come to see the said hospitall & the Lunatikes therein to dispose of their Charity towards Releiving of the said Lunatikes'. The 1638 inscription had been phrased to the end that 'the Charitie of well disposed people who come into the said hospitall to see the poore there may be

adjustments had to be made to the box 'to prevent money being [simply] pickt out'<sup>435</sup>. It was only in 1643 that the Court instructed staff that 'all the money given att Bethlem to the poores boxe shalbee put therein by the [donors]... themselves'<sup>436</sup>. Furthermore, it was not until 1657 that the inscription over the box required visitors to 'putt their moneyes into the Box with their owne hands or to see the same put therein themselves'<sup>437</sup>. Yet servants continued to 'crave or require [and retain]...money of [visitors]' throughout the century<sup>438</sup>. Even when the Governors resigned themselves to sanctioning the receipt of perks by the Porter, Matron and servants; allowing female staff 'the benefit of the kitchen stuffe' in 1657; and installing a 'boxe for...servants' gratuityes' from visitors in 1662; this did little to discourage endemic pilfering<sup>439</sup>. The idealism of stipulations that staff never accept a tip from a visitor before or unless that visitor had made a donation to the poors' box, and never ask for such, defied opposite interests and endeavours on the hospital floor<sup>440</sup>. It was only by hard experience that the Governors reconciled themselves to servants 'asking' visitors to reward their 'paynes', in 1663<sup>441</sup>. Despite

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put in'. At the Moorfields building it appealed:- 'Pray remember the poor Lunaticks, and put your Chari y into the Box with your own hand' (an enduring warning and advertisement of the endemic thieving at the hospital). A merchant, Charles Foote, had donated the box to the hospital, which although generally spoken of as the singular, in fact, as remarked earlier, comprised 'two poores boxes' in the form of wooden figures, representing male and female patients. See Fig. 2c They are at present in the possession of, and on permanent exhibition at, the Science Museum, covered with many different shades of subsequent re-paintings. Those figures in the possession of the existing hospital are only replicas of the originals, and were given to BRH by the Wellcome Trust in 1972. See Alderidge, *Cat. to Museum* (1976), G3 & G4, 25. Foote was presented with a staff by way of thanks for his gift. For this account, see *BCGM*, 13 & 21 July, 13 September & 27 October, 1676, fols 271, 275-6, 289 & 300; also, John Thomas Smith, *Ancient Topography of London* (London, 1815), 33-4.

<sup>435</sup> *BCGM*, 25 February 1709, fols 464-5. This may be largely attributable to wear and tear, however.

<sup>436</sup> *Ibid.*, 28 April 1643, fol. 36.

<sup>437</sup> *Ibid.*, 31 July 1657, fol. 822.

<sup>438</sup> *Ibid.* Within a year, not only of the posting of this new inscription, but also of John Hopkins's actual appointment, he was summoned before the President and Treasurer for 'takeing of moneyes att the doore and putting the same into his Pockett and not into the Boxe'. *BCGM*, 30 April 1658, fol. 868. For Hopkins election, see 28 May 1657, fol. 814.

<sup>439</sup> *Ibid.*, 31 July 1657 & 22 October 1662, fols 822 & 19. The minutes covering the actual initiative of setting up the servants' box at Bethlem are not extant.

<sup>440</sup> Two Court entries within six months during 1663 reveal continuing embezzlement by staff since 1658. This plainly figured *inter alia* in the dismissal of three basketmen at the same juncture. *BCGM*, 21 January, 11 February & 3 July 1663, fols 30-31 & 57.

<sup>441</sup> See *ibid.*, 21 Jan. 1663, fol. 31. Staff, quite reasonably, felt themselves entitled to some reward from the

good intentions, the erection of a servants' box gave added legitimacy to the conflict that had always existed between servants' demand for perks and the Governors' priority that donations go first and foremost to the poors' box. Orders over the next half century catalogue not only the continuance of poors' box pilfering, but the diversion of poors' box charity into the servants' box. The slight refinements of the language of previous directives, in the rules of 1677, left deeply flawed procedures unaltered, while indicating the endurance of abuses over the intervening period<sup>442</sup>. The silence of the hospital records on this issue for the ensuing thirty years might persuade one to believe that the Governors had succeeded in combatting the problem<sup>443</sup>. It emerges on the death of Francis Wood, Porter 1687-1709, however, that he had for some time been reserving a considerable portion of the poors' box proceeds for himself<sup>444</sup>.

Tom Brown's and Ned Ward's contemporaneous caricatures of the Bethlem Porter as 'a brawny Cerberus of an indigo colour, leaning upon a money-box', 'within' the 'iron gate', may be closer to the mark than appears at first sight<sup>445</sup>. In comparing Bethlem to 'Hell' and the 'Porter' to the gatekeeper of Hades, however, these writers stood fully in the stream of literary tradition. Long before Brown and Ward, and with more invention, Carkesse had depicted the Porter and basketmen at Bethlem as a single 'Cerberus' with one head and 'three tails'<sup>446</sup>. Nor were such metaphors restricted to Bethlem and its staff, but were applied to a wide range of

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public, and, in future, when petitioning for gratuities from the Court, often emphasised 'the smallness of their profits' as a justification; e.g. *ibid*, 2 November 1666, fols 15-16.

<sup>442</sup> These rules provide the first instance and prohibition of the liability of staff to 'neglect to putt [legitimate perks]...into the...servants' box [and to]...make...private Dividend[s] thereof amongst themselves'; 30 March 1677, fol. 359. The only practical measure taken at this juncture also manifests the ongoing diversion of poors' box charity. Henceforth, the servants' box was to 'be distinguished from the poores Boxe' by an inscription proclaiming 'This is the Servants' Boxe'; *ibid*, fols 362-3. While this helped prevent visitors falling prey to misconceptions or disinformation, it did not prevent the basketman, George Donne (Dun) from stealing out of the poors' box during the very next year; *ibid*, 27 March 1678, fols 17-18.

<sup>443</sup> Incidences of petty profiteering may not have been reported, however, by the new standing committee for Bethlem.

<sup>444</sup> This was indubitably the reason for the unexplained refusal of the Court to confirm him in his place in the annual election of 1707. In 1709 the Court discovered that income from the poors' box had 'considerably increased since the death of the late Porter'. For this, and subsequent discussion, see *ibid*, 7 August 1707, 5 January, 25 February & 6 May 1709, fols 368, 460, 465 & 481.

<sup>445</sup> *Amusements*, 35; *London Spy*, 52.

<sup>446</sup> *Lucida Intervals*, 23, poem entitled 'Jackstraw's Progress'.

carceral institutions<sup>447</sup>. If such depictions reflect a literary trope, they also document a real kinship and continuity in the character of staff at hospitals and prisons.

Besides the deception of visitors by staff, a large part of the problem in this period was the infrequency with which the poors' box was opened and brought to account, and the lack of any direct supervision of it by governors. The reforms devised by the Grand Committee immediately after Wood's death were the first really effective measures taken at Bethlem to ensure that charity given at the door benefitted patients and not staff. Not only was the inscription made much more conspicuous, and the box itself made more secure, but also the box was ordered to 'be opened once a month att the least on a Committee day'<sup>448</sup>. The surviving Sub-Committee Minutes and Steward's Accounts for the remainder of the century confirm that the box was generally brought to account every month as directed in 1709.

The disappearance of the poors' box as an item of abuse in the Governors' Minutes after 1709 manifests the enhanced efficiency of the new safeguards. Quite apart from this, mounting gate receipts since the move to Moorfields may have made governors and staff alike more satisfied with their profits from visiting. Visitors too were wising up to the racket of officers and servants. On visiting the hospital in 1725, de Saussure was forewarned of the 'custom' whereby the Porter kept 'the whole sum' instead of returning the 'change' of any 'silver coin' given him by a spectator, declaring that 'as everyone is aware of this custom, the Porter [rarely makes]...such a good thing out of you'<sup>449</sup>. Staff had plainly not given up trying.

In fact, staff had partly switched their attention to the servants' box. The new nurse, Sarah Wright, was warned to put all her perks into this box, on her appointment in 1718, while half a century later the Steward informed the Committee that takings in the servants' box were falling suspiciously short of what they used to be<sup>450</sup>. Embezzlement was a fact of life at Bethlem.

To a significant degree, the Governors had positively condoned the pecuniary preoccupation

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<sup>447</sup> Typically, Geffray Mynshul described the 'Entertainment' available 'in Prison' as like that of 'Hell', with 'Cerberus' 'at the gate', 'who at thy entrance will fawne upon thee bidding thee welcome in respect of the golden crust which hee must have cast him', but soon converts into a 'fury'. See Murphy, *A Cabinet of Characters*, 33-4.

<sup>448</sup> Placed under closer scrutiny, the increase in the box's takings was apparent within 3 months of these reforms, and was directly attributed 'to the care & inspeccon of Mr [John] Buckler'. Buckler was a governor who also filled in as Bethlem Steward temporarily, in 1713, and was probably the son of the late Bridewell Steward, Thomas Buckler, who died in 1687. See *ibid*, 25 January, 25 February & 6 May 1709, fols 460, 465 & 481.

<sup>449</sup> *Travels*, 93.

<sup>450</sup> *BSCM*, 25 January 1718, fol. 3 & 9 Jan. 1768. A common servants' box must have checked embezzlement insofar as it encouraged staff to inform on individual colleagues they observed pocketing proceeds to which they all had a rightful share. The Committee's response to their steward's information in 1768—to re-emphasise previous rulings, order that the box be opened every half year, and promise the dismissal of future offenders—was a little belated, coming just 2 years before public visiting and servants' perks were abolished.

of Bethlem staff, accepting that staff were 'shewing the house' for the tips they received, and refusing to increase their wages to a level that would make this unnecessary<sup>451</sup>. By vindicating staff in 1742 from an accusation of 'extorting money (tho' but a trifle) from the poor patients' friends', declaring that 'a penny only is demanded' of both friends and strangers, the Governors were considerably turning a blind eye. Moreover, despite having made 'the strictest enquiry amongst all servants', the Committee ignored the rub of the criticism, which was the inequity of charging anything to those who 'only come to bring clean, or take away foul Linnen'<sup>452</sup>.

On reflection, however, it would be inappropriate to blame the Governors overly for the venality of their staff. Despite conscientious efforts, little could be done to bridge a fundamental disparity in attitudes. As fast as preventative measures were taken, by the hospital board, staff invented new dodges. In 1727, Sarah Wright, along with the two gallery maids, was found guilty of extorting between 1/ and 3/ a day for showing visitors 'the Chequer' (i.e. where the 'worst' cases were confined)<sup>453</sup>. This enquiry, and the general avidity with which servants begged money from visitors, marries quite comfortably with literary depictions of Bethlem staff behaving in the manner of zoo keepers or fairground showmen, displaying patients like beasts or freaks for selfish gain. Passages of Swift's *The Legion Club* (1736), certainly seem to recall its findings:

When I saw the keeper frown  
Tipping him with half-a-crown  
Now said I, we are alone,  
Name your heroes one by one<sup>454</sup>.

When Swift's visitor moves to leave, the keeper objects:

Half the best are still behind!  
You have hardly seen a score;  
I can show two hundred more<sup>455</sup>.

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<sup>451</sup> *Ibid*, 25 Jan. 1718, fol. 3. For staff wages, see *infra*, chap. 5.

<sup>452</sup> This was just one complaint in a list concerning both hospitals anonymously submitted to the Court, for which see *ibid*, 27 Jan., 17 Feb. & 12 March 1742, & fols 175, 138 & 142.

<sup>453</sup> *BSCM* fol. 11. Wright had shown personal acquaintances the same sight.

<sup>454</sup> *Legion Club*, ls 133-5.

<sup>455</sup> *Ibid*, ls 233-8.

Like Swift, Mackenzie, in his *The Man of Feeling* (1771), portrays the archetypal Bethlem keeper as vulgar and insensible, bragging about the entertainment value of the 'fierce and unmanageable patients' under his charge, and badgering visitors to see them, in the style 'of those that keep wild beasts for a shew'<sup>456</sup>. Yet, as we shall see (chap. 5), the uniformly poor image of Bethlem servants has been appreciably overdrawn.

Undoubtedly, much of the energy of Bethlem staff was diverted from their responsibilities to the patients by their duties as visitors' guides and by their interests in visitors' purses. Speaking of the benefits of curtailing visiting in his Spital Sermon of 1789, the Reverend Boyer claimed, validly enough, that 'the Servants [are] less interrupted in their Attendance'<sup>457</sup>. As the 1815/16 Commons enquiry and the first hand view of Urbane Metcalf reveal, however, many patients suffered more harshly under the closer attention of staff and further removed from the watchful, restraining eye of the public<sup>458</sup>.

Understaffing was plainly a considerable problem at Bethlem, nevertheless. Prior to 1770, guided tours of the hospital by staff were the exception rather than the rule for visitors, owing to their disproportionate numbers. Visitors themselves, like the correspondent to *The World* of 1753, complained that the masses were 'unattended', and moreover, were not attended by 'proper persons'<sup>459</sup>. At old Bethlem, staff must have been better able to conduct the smaller numbers of visitors. Literary scenarios of visits in this period normally involve some degree of supervision, even if keepers bemoan their 'busie charge' and must occasionally leave their guests alone<sup>460</sup>. The Board was not oblivious to the escalation of the problem at Moorfields, adding another servant to the staff in 1681 owing to the increase in the numbers of both patients and visitors<sup>461</sup>. Yet, staffing remained grossly inadequate for coping with the mounting influx to

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<sup>456</sup> *Op. cit.*, 30, 33-4. Much earlier, Dekker had portrayed the 'Sweeper' at Bethlem drawn into collusion with the visitors, and asking them to 'say nothing' to the Master 'that I tel tales out of schoole'; *Honest Whore*, pt. I, V, ii, ls 107-50.

<sup>457</sup> *A Psalm of Thanksgiving...[&] A true Report of the great Number of poor Children, and other Poor People, maintained in the several Hospitals, under the pious Care of the...Lord Mayor...etc.* (London, 1789).

<sup>458</sup> *Madhouse Committee Report; Metcalf, Interior of Bethlehem Hospital.*

<sup>459</sup> *World*, xxiii, 138.

<sup>460</sup> See e.g. *Changeing*, III, iii, ls 166-8 & 200-5; *Honest Whore*, pt. I, V, ii, l. 241, & *Northwood Ho*, IV, iii, ls 54-5.

<sup>461</sup> 'And that the service of the...hospitall may be the better performed'; *BCGM*, 22 April 1681, fol. 217. For a more detailed account of understaffing and absenteeism at Bethlem, see chap. 5, *infra*.



the hospital, while absenteeism amongst staff was a persistent problem throughout the period. More than understaffing, observers blamed the pure indifference of Bethlem staff to the abuse of patients by visitors, alleging that visitors were free to do what they liked to patients 'without lett or molestation from any of the keepers'<sup>462</sup>.

### Visiting 'Naked', 'Physicked' Patients

The 'lewdness' of visitors was not limited to an interest in fellow visitors. Some evidently derived gratification from gazing at the nakedness of patients, female patients in particular, or from even greater intimacies. This is another sphere, however, in which the Governors made real efforts to restrict the access of visitors. The 1677 rules for the new Moorfields building were considerably dominated by the problems visiting caused in the running of the hospital, and are a testament to how far visiting conditioned the environment of Bethlem<sup>463</sup>. One of the most novel and enlightened of these rules was the order that 'noe Lunaticke that lyeth naked or that be in a course of cure be seene by any [visitor]...w[i]thout the Consent of the Physitian'<sup>464</sup>. Although a sign of a growing awareness amongst the Governors of the requirements of propriety and therapeutics, and of the expanding role of medical expertise in the hospital, the regulation throws into poorer relief the licence visitors had enjoyed in former years. Subsequently, the exposal of 'the Nakednesse and Sufferings of the Patients' 'to Strangers' in the 1690s, indicates not only that the ruling was being neglected, but also that the Governors were more concerned with *spectators'* sense of propriety and the hospital's image, than with patients' modesty<sup>465</sup>. The rule does provide, nevertheless, another corrective to those historians who have dismissed visiting at Bethlem as totally indiscriminate. The repetition of the order by the Sub-Committee in 1713 and again in 1727, demonstrates not just its contravention by staff, but also that it was an ongoing concern at Bethlem<sup>466</sup>. A number of pregnancies at the hospital and the discovery that two basketmen had sexually abused a woman patient in the 1680s, had impressed upon the

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<sup>462</sup> *World*, xxiii, 138 & 140.

<sup>463</sup> *BCGM*, 30 March 1677, fols 356-61. 7 of these rules were directly concerned with the presence of visitors in the hospital.

<sup>464</sup> *Ibid*, fol. 358.

<sup>465</sup> *Ibid*, 31 Jan. & 14 March 1690, fols 18 & 31.

<sup>466</sup> *BSCM*, 29 Aug. 1713 & 12 May 1727, fols 132 & 11. A change of emphasis in its wording, in 1713, may imply that the restriction of visitors in such cases was not intended to be as extensive as appears at first sight. According to this formulation, visitors were only to be excluded from patients 'untill they are first shifted & have taken their Physick', although 'on such dayes' as this duty was performed, *all* visitors were to be barred from viewing the house. In 1727, however, the Committee returns to its original formulation, indicating that the apparent procedural adjustment of 1713 did not signify.

Governors what a provocation naked women might be<sup>467</sup>. Indeed, as a result, in 1681, the Court ruled 'that none except the matron or maid servant shall have recourse unto' 'any of the Lunatike woemen whoe by reason of their greate distracon lye naked'<sup>468</sup>. Unlimited access (at a price) for visitors in 1727, seems to have involved access to some of the more acute cases; i.e. those who were, indeed, naked or/and undergoing treatment<sup>469</sup>. To accept Masters's statement that the ruling was 'definitely ignored' (for which he supplies no evidence) is an inadequate assessment, however, given that the Governors saw fit to reiterate it<sup>470</sup>. While Hogarth's ladies of fashion are certainly free to tickle their fancies with the nudity of male patients, it is difficult to be certain how documentary Hogarth was being<sup>471</sup>. Constant references to the nakedness of (largely male) patients in Augustan literature do argue that they were not successfully isolated from the ogling of visitors. The evidence of the 1815/16 Madhouse Committee enquiry reveals that strangers had continued to see naked patients at Bethlem after 1770<sup>472</sup>. Nudity, particularly male nudity, epitomised madness for contemporaries, not just because they observed it on show at Bethlem, but because of prevailing notions concerning the animality of the mad. Spectators, like Tryon, were granted in the naked madman the vicarious experience of confronting 'unaccommodated man'; man stripped bare of those faculties and trappings of civilisation which distinguished him from brute creation; man, as encapsulated in Cibber's figures, at the extremes of passion and despair<sup>473</sup>.

Not all spectators enjoyed the sight, and some reacted with undisguised antipathy. Swift beheld and was repelled by naked, incontinent Bedlamites, dabbling in their own excreta<sup>474</sup>.

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<sup>467</sup> See chap. 5.

<sup>468</sup> *BCGM*, 22 April 1681, fol. 216.

<sup>469</sup> See *supra* and *BSCM*, 12 May 1727, fols 11-12.

<sup>470</sup> Masters, *Bedlam*.

<sup>471</sup> 2 out of 7 of Hogarth's patients are naked, and Tom himself is virtually so. Likewise, in Sturt's Tale of a Tub engraving (1710), 3 out of 6 of the patients are naked except for their chains and loincloths See Gilman, *Seeing the Insane*, 53, plate 61 & also the engraving of patients in Bethlem made c1745, reproduced in Tuke's *History of the Insane*, 74.

<sup>472</sup> See e.g. 1st report, 1816, 40.

<sup>473</sup> For 'unaccommodated man', see *King Lear*. Also, see Gilman, *Seeing The Insane*, 54; Tryon, *Dreams & Visions*, 168.

<sup>474</sup> See *supra*.

Von Uffenbach thought 'the females' he witnessed at Bethlem 'utterly repulsive'<sup>475</sup>. Yet contemporaries often used the word 'naked' to describe what was only semi nudity, and it is by no means clear how often the ideals of propriety at Bethlem were abandoned in practice. Part of the difficulty in conceptualising the pragmatics of regulations at the hospital is the Governors' failure to record how they were to be implemented. In 1765 however, the Governors made it plain enough how the isolation of naked and physicked patients was henceforth to be (and presumably, by some variant of the same method, had formerly been) achieved. The Steward was directed to check on three afternoons every week that patients 'not fit to be Exposed are kept properly Confined, that is the Wickets of their Doors kept Shut, as well as the Doors'<sup>476</sup>.

The Governors were especially concerned about the threat of sexual contact between visitors and women patients. Additional emphasis that the Steward take particular care 'on the Women's side', was coupled with novel instructions to the Matron to be equally diligent in confining 'Women Patients as are Lewdly Given' and in barring visitors from them unless 'in Company with one of the Gallery Maids'<sup>477</sup>. Six years before these orders, the visits of Charles and Peggy, in Constantia Philips *Apology* (1748-9), all seem to be conducted 'in the Presence of her Female keeper' at Bethlem, suggesting that there was already some form of supervision in practice<sup>478</sup>. These strictures provide further evidence of the kind of voyeurism (or worse) in which some visitors used to indulge at Bethlem. No doubt such measures were taken to preserve the polite visitor from the immodesty and sexual advances of patients, as well as *vice versa*. The focus of the Governors' instructions was, nevertheless, very much on protecting the female patient. Male visitors who had earlier in the century been freely permitted to pass through the segregating bargates 'under Pretence of Visiting Patients or otherwise', were, in 1769, absolutely forbidden to do so, unless accompanied by a governor<sup>479</sup>. Grosley was assuredly guided around Bethlem on his visits (c1770), and merely heard the cries of the severest female cases. On the other hand, he

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<sup>475</sup> *Travels*, 51.

<sup>476</sup> *BCGM*, 20 June 1765, fol. 133.

<sup>477</sup> *Ibid*, fols 133 & 135.

<sup>478</sup> *Apology*, iii, 80-89. That Charles needs a 'Note of Permission' to visit her is mystifying, however, when tickets were not introduced at Bethlem until 1770. Phillips may have been confusing details here with procedures at St. Luke's.

<sup>479</sup> *Ibid*, 27 April 1769, fol. 250.

observed a male patient leap on the back of his conductor 'in an almost total state of nudity'<sup>480</sup>.

In the nineteenth century, as Showalter had demonstrated, 'uncontrolled sexuality seemed the major, almost defining symptom of insanity in women'<sup>481</sup>. Long before this, however, the erotomania of mad-bawds and she-fools was a proverbial feature of the Bedlams of popular literature, and must have been only too familiar to governors and staff at the real hospital. The she-fool of *The Pilgrim*, for example, is well known to the keepers to be 'as lecherous...as a she-ferret', and they are as careful as they can be to keep her under lock and key<sup>482</sup>. Just as insanity gives rein to the sexuality of Ophelia in bawdy song, the madhouse bawd of *Northwood Ho* sings 'scurvily' to her visitors about 'a comely mayd' whose 'maiden-head' she repeatedly sold<sup>483</sup>. Divines had been writing for centuries in condemnation of insane female lust. Burton expatiated at some length in his *Anatomy of Melancholy* on 'woman's unnatural, insatiable lust', and spoke a great deal about female libido in his section on 'Love-Melancholy'<sup>484</sup>.

While Stone saw 1670 as a suitable dividing line between repressive sexual attitudes and an ensuing century or so of permissiveness, as Gilman, Showalter and others have shown in studies of Ophelia, it was the Augustans who censored the madwoman's libido<sup>485</sup>. Likewise, it was only from the 1660s and 70s that Bethlem strove to segregate naked, and particularly female, patients, from other patients and visitors of the opposite sex. As the Governors denounced the 'Lewdnesse' of visitors, and began to cover up their naked patients, moralists like Collier (1698), denounced the 'Lewd' 'Freedoms of Distraction' on 'the Modern Stage'<sup>486</sup>. Collier opined that

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<sup>480</sup> 'Dans un état de nudité presque totale'. See *Londres*, vol. ii, 10-16.

<sup>481</sup> Elaine Showalter, *The Female Malady. Women, Madness and English Culture 1830-1980*, (London, Virago Press, 1987; 1st edn, New York, Pantheon Books, 1985), 74-5, & chaps 3 & 6, esp.

<sup>482</sup> Likewise, they appreciate the need with 'the Prentice' who 'thinks h'as lost his Mistris' to 'keep him from women. As keepers their duty is conceived by Fletcher as keeping patients from the objects that inflame their distractions. See III, vii, ls 1-11 & 26-51. See also scene where Pedro warns Alinda while she is disguised as a patient, 'be not so full of passion,/ Nor do hang so greedily upon me;/Twillbe ill taken'; III, vii, ls 158-60. The madness of lust, and of female lust in particular, is a theme at the very core of dramatic works like *The Changeling*.

<sup>483</sup> IV, iii, ls 49-102.

<sup>484</sup> 3rd partition, sections 1-4, 466-660.

<sup>485</sup> Stone, *Family, Sex and Marriage*, part 5; Showalter, *Female Malady*, 10-11; (*idem*), 'Representing Ophelia', in *Shakespeare and the Question of Theory*, (eds) Patricia Parker & Geoffrey Hartman (London & New York, Methuen, 1985); Gilman, *Seeing The Insane*, 126.

<sup>486</sup> *Profaneness of the Stage*, 10-11.

immodest Ophelias 'ought to be kept in dark Rooms and without Company', and that 'to shew them or let them loose is somewhat unreasonable'<sup>487</sup>. Instructions governing visiting at Bethlem accord very much with Augustan propriety. In a rather more restrained and conventional fashion, other Augustans, like the poet Matthew Prior, in romanticising the prettiness and 'insensible' state of Ophelia, found 'relief' and ample means of avoiding or suppressing her sexuality<sup>488</sup>. With an equally prudish misogyny, Swift and other voices of moral orthodoxy, sought to negate the 'visionary Devotion' of evangelicals by underlining the large numbers of women seduced to such sects, the 'amorous Complexion' and mental instability of devotees, and the insane, 'carnal Regards' at the root of their spirituality<sup>489</sup>.

In the isolation of a class of patients at Bethlem as 'not fit to be Exposed', a continuity and a disjunction of attitudes towards insanity and sexuality may be divined. As Showalter has argued, the growth of enlightened sensibility over this period gradually saw the displacement of the naked, brutish madman, 'as the prototype of the confined lunatic', with the delicate, abused madwoman, epitomised in *The Man of Feeling* (1771), but also heightened awareness and anxiety about the 'sexual force' of 'female irrationality'<sup>490</sup>. Showalter interprets the development as belonging essentially to the Romantic Age. The sexual connotation of madness in women, however, and the adoption of repressive measures at institutions to deal with it, had earlier roots than she seems to appreciate. Medical theorists had long explained female insanity by reference to uterine mobility, and the virtual vanquishing of such notions from the latter seventeenth century by the doctrines of nervous diseases, did little to dislodge the connection between insanity, the sexual appetite, and the moral and constitutional frailty of women<sup>491</sup>. Augustans were particularly fixated with masturbation or 'the heinous sin of self-pollution', and its damaging consequences

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<sup>487</sup> *Ibid.* He felt that the use of madness to 'enlarge [the]...Liberty' of women in drama (or otherwise) was immoral and corrupting for an audience.

<sup>488</sup> Poem entitled 'On a Pretty Madwoman', in *The Literary Works of Matthew Prior* (eds), H. Bunker Wright and Monroe K. Spears, 2nd edn (Oxford, Clarendon, 1971), vol. i, 696-7.

<sup>489</sup> Swift compared 'the Height...of their Spiritual Exercise' to 'Orgasmus', and may have been thinking of the Bethlem physician when relating the assurance of 'a very eminent Member of the Faculty...that when the Quakers first appeared, he seldom was without some Female Patients among them for the furor'. See *A Discourse Concerning the Mechanical Operation of the Spirit. In a Letter to a friend. A Fragment* (London, 1710), in *Tale of a Tub* (ed.), Williams, 189.

<sup>490</sup> *Female Malady*, 10-11.

<sup>491</sup> See e.g. Porter, *Manacles*, 105-8.

to mental and physical health, and tracts published on the subject from the early eighteenth century were more scandalised by female, than by male, indulgence<sup>492</sup>. The *Apology* (1748-9) of the courtesan, Teresia Constantia Phillips and the outrage it provoked in some gentlemen readers, exemplifies how female lust might be accepted by women themselves as a major cause of insanity, but was regarded by many men as 'monstrous', 'unnatural', 'depraved', and as totally unfit as a subject for public perusal<sup>493</sup>. By 1764, women, like Martha Nick, were already being sent to and from Bethlem and parish workhouses under the label 'carnal lunatick[s]'<sup>494</sup>. There is little evidence that such incipient classifications were extensively employed at Bethlem or elsewhere, or of patients of either sex exposing themselves or masturbating in front of visitors, vices constantly decried and severely penalised by nineteenth century alienists. Indubitably, such anxieties were concealed (though running less deeply) beneath hospital policy concerning patients 'unfit to be Exposed'. Accounts of private cases reveal that contemporaries had long been confined in madhouses for 'Extravagancies' of a sexual nature<sup>495</sup>. Granted, however, such behaviour seems rarely to have sufficed on its own, or even predominated in the rationales behind committals, or in the diagnosis and treatment of insanity, before the nineteenth century.

<sup>492</sup> With the eighteenth century stress on 'new worlds for children', however, it was, as Stone observed, youths rather than women who were singled out for particular admonition concerning lust and onanism; *Family, Sex and Marriage*, 318-22. Richard Baxter, in his *The Signs and Causes of Melancholy* (London, 1716), warned 'all young Persons' against the 'wounds' 'venerous Crimes' and 'Self-pollution', 'especially', 'leave deep...in the Conscience' and the access 'carnal Lust' allows 'Satan' into their 'Phantasies'. See Hunter & Macalpine, *Psychiatry*, 240. For the first treatise dedicated entirely to masturbation, see *Onania: Or, the Heinous Sin of Self-Pollution, and all its Frightful Consequences (in both Sexes) Consider'd* (London, 1710). See, also, Porter, *Manacles*, 203-5. Re. children, see Margaret Pelling, 'Child health as a social value in early modern England', in *Journal for the Social History of Medicine*, I, 2, Aug. 1988, 135-64. Moreover, as Porter maintains, links between masturbation and mental illness were tenuous prior to the nineteenth century; *Manacles*, 203-5.

<sup>493</sup> See Phillips, *Apology*, vol. iii; *idem*, *A Counter-Apology: or Genuine Confession. Being a Caution to the Fair Sex in general. Containing the secret History, Amours and Intrigues of M[rs] P[hillips], a famous Courtesan; who underwent various Scenes of Life, and Changes of Fortune, both at Home and Abroad* (London, 1759); *GM*, vol. 24, Nov. 1754, 497-9. In fact, Phillips's 'Peggy' emerges as a kind of anti-heroine to the tender and virtuous feeling of the archetypal Ophelia, contrived to demonstrate the 'puny Virtue' and carnal urges lurking beneath the innocent facade of love. In her conclusion, Phillips cites a passage from the disillusioned Hamlet; *Apology*, 5 & 102.

<sup>494</sup> See *CLRO MSS 188.2*, 'Extracts from the Admission Book of...St. Sepulchre[']s Workhouse[']'. Nick is case no. 1315, and was admitted to Bethlem at the request of the churchwardens on 9 Jan. 1764. The entry in the table of the Admission Book is dated 6 March 1765.

<sup>495</sup> The relations of a notorious private patient of Edward Tyson's e.g. had been profoundly embarrassed by her 'wearing Rags, and in Nakedness and Nastyness, exposing her self in the Streets' where she met with 'all manner of common Insults'. See, Defoe, *Review of the State of the English Nation*, no. 89, 25 July 1706, 354. See, also, *The true case of Mrs Clerke* (London, 1718) and Andrews, ' "In her Vapours" ', re. patients exposing themselves and (antithetically) delusive claims to virginity.

The removal of promiscuous and naked patients from the public eye was plainly, nevertheless, one stage along the road to the intensive policing and 'nightmarish medical treatments' that the libidinal tendencies of asylum patients (especially women) were to be subjected to, under the more clinical gaze of nineteenth century alienists<sup>496</sup>.

The exclusion of the visitor in the Age of Sensibility was not, then, an uncomplicated act of enlightenment. While protecting patients from the voyeur and the lecher, patients in fact had more to fear (or, in some cases, to relish) from the sexual advances of staff and other patients, than from the general public. Reported instances of the rape and impregnation of female patients seem to have increased at late eighteenth, and early nineteenth century asylums, as a result of the exclusion of visitors<sup>497</sup>.

The assertion of the priorities of public propriety and medical opinion over the practice of visiting at Bethlem was not without severe drawbacks. From 1769, the relations of a woman patient and their friends were only permitted to visit the patient in the Committee room, attended by a nurse, and during normal visiting hours, unless the visit was authorised by the Physician<sup>498</sup>. The advantages of increased surveillance achieved by such rulings, were offset by the obstruction of the former intimacy enjoyed by patients and their families.

It is much less clear how far the hospital had been able to effect the isolation of patients under a course of medicine from the prying eyes of the public after 1677. The depiction of a half naked inmate being openly bled in the middle of a male ward in an anonymous 1745 engraving, modelled on Hogarth's *The Rake's Progress*, seems merely designed for artistic effect, as was Hogarth's own representation of naked patients being ogled through the open doorways of their cells<sup>499</sup>. In the absence of explicit evidence to the contrary, one must assume that the hospital maintained this restriction at least quite effectively. Von Uffenbach claimed only to have seen the mildest cases in 1710, who were well enough to walk the green yards, and 'saw nothing of those who are quite insane'<sup>500</sup>. This was not because access had been forbidden, however, but because 'we had no guide but our interpreter'. Only in 1786, were visitors barred from the hospital's

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<sup>496</sup> See e.g. Showalter, *Female Malady*, esp. 14-15, 37, 74-80.

<sup>497</sup> See *ibid*, 8-9, 79-80; Scull, *Museums*, 81, and Robert Gardiner Hill, *Lunacy: Its Past and Present*, 4.

<sup>498</sup> I.e. between 10a.m. and 3p.m. on Mondays and Wednesdays. See *BCGM*, 27 April 1769, fol. 250

<sup>499</sup> The 1745 engraving is reproduced in Daniel Hack Tuke's *History of the Insane*, 74. See, also, Scull, *Museums*, plate 12.

<sup>500</sup> *Travels*, 51-2.

infirmaries, unless friends or relations of the sick patient, although infirmaries had existed there since the 1740s<sup>501</sup>. The medicalisation of visiting was a slow process at Bethlem. It was only in 1792, the year of John Monro's death, that the physician was granted equal status with the Governors in the issue of visitors' tickets, and was allowed 'personally to introduce whoever he may think proper'<sup>502</sup>.

### Patients Reacting To Visitors

The real acid test in any assessment of visiting at Bethlem is the question of how it directly affected patients themselves. Historians have on the whole avoided asking this question. The paucity of patients' own accounts of their experiences inevitably limits the reliability of any answer that can be offered. Indisputably, the conduct of many visitors was a tremendous source of aggravation to the peace of patients and (as reformers alleged) was actually deleterious to their mental health. Their treatment as objects, whether of fun, instruction or pity, can have done very little to heighten patients' self-esteem.

The concourse of patients with the general public was, nevertheless, not without palpable benefits. Perhaps the only surviving narrative from a patient's own mouth of his encounters with visitors to Bethlem, is that of James Carkesse, and it is one of unqualified approval. In his series of poems entitled *Lucida Intervalla* (1679), composed during his confinement at Finsbury Madhouse and at Bethlem, during 1676-7, Carkesse relates being visited at the latter by fourteen (or more) persons, only three of whom he designates as 'friends', the others being evidently spectators or mere acquaintances. The reliability of Carkesse's text is, of course, open to debate. His claims to attention from so many persons of quality have led some historians to suspect (as, no doubt, would most of Carkesse's contemporary readers) that some of his visitors were merely products of his delusions of grandeur<sup>503</sup>. Yet Carkesse is honest enough to describe the Duke of Monmouth's visit, without pretending that the Duke visited *him*<sup>504</sup>. However problematic is Carkesse's account, it provides an authentic enough insight into what the patient himself felt about his environment and, in this respect, is virtually all we have.

To every one of his visitors, Carkesse responds with pleasure and gratitude, dedicating

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<sup>501</sup> See chap.4, *infra*.

<sup>502</sup> *BSCM*, 4 Feb. 1792.

<sup>503</sup> See Michael Deporte, 'Vehicles of delusion: Swift, Locke, and the madhouse poems of James Carkesse', in *Psychology and Literature in the Eighteenth Century* (ed.), Christopher Fox (New York, Aris Press, 1989), 69-86 and *idem*, intro. to his own edn of Carkesse's poems.

<sup>504</sup> *Lucida Intervalla*, 24-6.



one or two poems to each. Seven of his poems are inspired by the generous gifts he receives from his visitors, comprising money; food; clothing; furniture; writing materials, and even 'a Charet [chariot]' to take him home once discharged<sup>505</sup>. Many of these gifts are plainly given to Carkesse at his own request. Indeed, his poems evidence how the articulate and better connected patient could wheedle considerable privileges out of visitors. Carkesse does not just dedicate (and apparently convey) his poems to his charitable visitors by way of thanks. He actually uses them to tender and register further requests for the items he desires for his greater comfort<sup>506</sup>. Apart from the material rewards of visiting, Carkesse's poems reveal the rapture a patient might experience at the appearance of visitors of the opposite sex, and the great honour or 'Extasie' he might feel at the visit of a dignitary, like the Duke of Grafton<sup>507</sup>. Cloistered from women patients, Carkesse's female visitors patently act as welcome stimulus to his libido. The visitors Carkesse mentions are plainly a breath of fresh air to him, eulogised as transforming his cell and mood, however briefly. It is not the conduct of the general public of which Carkesse complains, quite the reverse. What torments Carkesse is his very situation of confinement, in which his visitors are alleviators and potential deliverers, and a prized link with the outside world<sup>508</sup>. Whilst under mechanical restraint, Carkesse can only have seen the faces of spectators as they 'peep[ed] in' through the grate of his cell, yet he plainly found the sight quite captivating. On being visited by a tinman's wife, when chained by the leg, he turns his enthrallment with her, her marital obligation and his own mechanical restraint, into a telling metaphor of confinement<sup>509</sup>.

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<sup>505</sup> *Op. cit.*; 'Silver' or 'Chink' from an anonymous lady and 6d a piece from Lady Jane Lewison Gower and Mrs Catherine Newport, 43-44, 57; 'Apricotts' from the anonymous lady of 43-4, and 'Venison' from a friend, 58; a 'Trunk' for his verses from another friend and 'a Chair' or 'Throne' from yet another, 44; a 'Shirt' from the anonymous lady of 43-4 and 'a periwig' from a Mr. Stackhouse, 49; writing materials from the anonymous lady of 43-4, and the chariot from Lady Sherifess Beckford, Mrs Catherine Heywood and Mrs Johnson, 45-6.

<sup>506</sup> From the friend who had sent him 'a Chair of State', Carkesse asks for something even 'more considerable', 'a Carpet...or Table'; he hopes that the two ladies who had both given him 6d, will 'cure' him again, and solicits another three ladies for a feather bed and 'bnghter Sable' with which 'to make his Cloyster fit for their Reception'; *ibid.*, 44, 46 & 57.

<sup>507</sup> *Ibid.*, 24-6, 36, 41-6, 57 & 64.

<sup>508</sup> In one poem Carkesse asks Sir Edward Seymour ('Seymor'), the Speaker who had chosen Carkesse's enemy Pepys as Secretary to the Admiralty, to 'Rescue' him from Bethlem, by sending a 'Serjeant...at Armes'. In another, he begs the Duke of Monmouth to send his 'Charet' to Bethlem for the same purpose, and, in a third, claims to have ultimately been supplied with such a chariot by Lady Sherifess Beckford, Mrs Catherine Heywood and Mrs Johnson. *Ibid.*, 41, 45-6 & 51. As Deporte observes, however, many of Carkesse's requests are themselves redolent of his own 'inflated vision of his talents'; see 'Vehicles', in *Psychology*, 79.

<sup>509</sup> The fanciful *Addresse made to...the Lady Monk* (1660), effects the same metaphorical conversion of the 'chains', 'cells' and misery of confinement into the 'ornaments', 'Palaces' and 'happinesse' of 'Honour', as is

The only question Carkesse records being asked by a visitor is not insulting, but 'kindly', the Duke of Grafton enquiring 'How he did', while others, judging by their gifts, had asked him what he needed. Likewise, Crowell's Porter, according to James Yonge, had 'begged' the church bible from the king 'when his Majesty came to visit the place when first erected'<sup>510</sup>.

Of course, both Carkesse and Daniel were rather exceptional patients, and may have received a superior class of visitor from the ordinary inmate. Yet it was far from exceptional for less privileged patients to beg and receive money and favours from visitors<sup>511</sup>. Porter's contention that 'Bedlamites themselves played to the gallery, putting on a 'show' in return for attention, ha'pence and food', can certainly be verified<sup>512</sup>. The Captain who performed for the von Uffenbach's, in 1710, 'appeared highly delighted' with the 'shilling or two' they 'threw...down to him'<sup>513</sup>. His virtuosity in 'tomfoolery' and determination 'to command the others', while attributable to his symptomatology, seems also to have been a means of competing for centre stage. The 'dancing' and 'singing' of patients, a recurrent feature of literary depictions of Bethlem, may reasonably be assumed to have been more than merely dramatic convention<sup>514</sup>. On his visit to the projectors of the Academy of Lagado (modelled on a visit to Bethlem), Gulliver is 'furnished...with Money on purpose', by the Lord Minodi (Governor of Lagado), 'because he

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wrought by Carkesse in his poems. In the presence of the tinman's wife, Carkesse fancies his chains made of gold, while most of his women visitors are praised as adornments to his cell.

<sup>510</sup> *Lucida Intervals*, 24; Yonge, *Journal*, 158.

<sup>511</sup> Scenarios in Jacobean drama loosely reflect this aspect of visiting. Patients were, indubitably, not always successful or coherent in their requests. The Bawd's claim that she has not drunk for a month, is dismissed by Bellamont as 'a lye' and her request that he 'send for some aquavite for me', denied, in *Northwood Ho*, IV, iii, ls 57-61 & 458-9. In *The Pilgrim*, Alinda asks Alphonso for 'two-pence' and meets with only insults and contempt, yet is rewarded subsequently by Juletta for 'the sport' she affords in vexing Alphonso. Alinda, herself, ultimately presents the genuine 'She-fool' with 'fine money, and fine wine' and 'trim cloths', in exchange for her own clothes, enabling the she-fool to turn the tables and offer the madhouse master 'two pence'. See IV, i, ls 28-75 & IV, iii, ls 51-9.

<sup>512</sup> Porter, *Manacles*,

<sup>513</sup> *London in 1710*, 51.

<sup>514</sup> See Brown, *Amusements*, 35, re. patients 'Dancing', 'singing', 'Crying', 'Groaning', 'Preaching', 'Hunting', 'Praying', 'Cursing and Swearing'; *The Changeling* IV, iii, ls 65-82 & 205-14; & Webster's *The Duchess of Malfi* (London, 1623) (ed.), John Russell Brown (London, Methuen, 1964) IV, ii, ls 37-115, re. Madman's Morrice. The 'Welsh madman' in *The Pilgrim* offers to 'sing and dance' or 'do anything' for his audience, when threatened with being sent back to his cell; IV, iii, ls 93-6. See, also, Swift's *Tale of a Tub*, 112, re. the mad politician at Bedlam who 'if you approach his Grate in his familiar intervals...says...Give me a Penny, and I'll sing you a Song: But give me the Penny first'.

knew their practice of begging from all who go to see them', and is, sure enough, asked for money by the first inmate he sees<sup>515</sup>. Some patients even made items for sale to visitors in the hospital. Sophie von la Roche purchased 'a little basket of plaited straw' 'from one poor, melancholy creature', who ran immediately off to horde her gain in her cell<sup>516</sup>.

The Governors' Minutes confirm that patients exhibited considerable aptitude in 'begging' from visitors. The literary stereotype of a spectator being conducted around Bedlam by an apparently sane or 'decent looking chap', only to discover that he was in reality a patient, is also ascertainable as grounded in fact<sup>517</sup>. In 1727, a patient was found to have shown visitors up to 'the chequer' (the basketman 'having forgot to Lock ye door'), and to have taken a fee for so doing<sup>518</sup>. Some patients were evidently not slow in learning the tricks of servants' elicit trade. Keys seem also to have been entrusted to patients on occasion, as stand-ins for staff<sup>519</sup>. Although both practices were strictly forbidden by the Governors, and servants sacked as a result, nearly forty years later patients were still being permitted by staff to 'Walk Idle up and down the House Shewing it to Strangers and begging Money'<sup>520</sup>. The testimony of Urbane Metcalf, in the early nineteenth century, and the evidence of Jacobean literature in the seventeenth century, that privileges in Bethlem were up for sale from the staff, does much to explain why patients were so keen to put themselves at the disposal of the general public<sup>521</sup>.

Patients were not always so ingratiating towards their visitors, of course. Occasionally, they turned the tables quite violently upon their observers, ridiculing and insulting them (as Thamar did Brown); injuring them (as Mason did Lewis); and flinging the contents of their piss

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<sup>515</sup> *Op. cit.*, part iii, chap. v, 178.

<sup>516</sup> *Sophie in London*, 170.

<sup>517</sup> See *Man of Feeling*, 30-32, where Harley is taken in tow by a stranger, who promises to give him 'a more satisfactory account' of the patients than the official conductor of their party, but shocks Harley soon afterwards by claiming to be 'the Chan of Tartary'. See, also, Andrews, ' "In her Vapours" ', 36 & 38, re. daily deceiving of visitors by Bedlamites, and *The Pilgrim* re. fooling of Pedro and 3 other gentlemen by the apparent sanity of a mad scholar, III, vii, ls 50-122 & 164-6. In the nineteenth century, Dickens recast a similar scenario in his *Curious Dance*.

<sup>518</sup> *BSCM*, 12 May 1727, fols 11-12.

<sup>519</sup> *BCGM*, 20 June 1765, fol. 137; *BSCM*, 12 May 1727 & 11 April 1778, fols 11-12.

<sup>520</sup> *BSCM*, 12 May 1727, fols 11-12 & *BCGM*, 20 June 1765, fols 135-6.

<sup>521</sup> Metcalf, *Interior of Bethlehem; Changeling, Northwood Ho & Honest Whore*.

pots 'in the Spectators' Faces'<sup>522</sup>. The soiling of spectators was, no doubt, a far less common occurrence than one might gather from Augustan literary and artistic depictions of Bethlem. It is better seen as a literary trope for animality; an example of scatological humour; a device to shock or repel mankind back into its senses; and a means of tarring 'rational' society with the same brush of brutishness as the mad, than as a true reflection of standard confrontations with Bedlamites. On the other hand, the Court Minutes do document patients' propensity towards 'throwing...filth & Excrem[en]t' about, and out of, their cells<sup>523</sup>. Servants, too, occasionally suffered a drenching. The basketman, James Simmonds testified before the 1815/16 Madhouses Committee 'that Norris once offended me much, he got loose, and threw his filth over me'<sup>524</sup>. Repeated references to this greatest of early modern insults by writers from Steele to Smollett, argue that it was a common enough resort outside, let alone inside, the asylum. Patients' acts were not seen as merely gratuitous products of their perverted intellects, however. The emptying of a piss pot might serve to signify a protest for patients barracked by visitors or staff; a means of getting their own back. Even in Swift, where the ridicule poured upon the head of the spectator, pales beneath the disgust conveyed at the patient's act, and the mad are portrayed at their most brutal; the 'Wretch in *Bedlam*' is seen as provoked to 'fling his Filth about', by 'the Rout' of visitors. For Swift, far from being insensible to the kindness or cruelty of visitors, 'many' a Bedlamite 'knows' only too well, 'How to distinguish Friends from Foes', and is still capable of enough:

Gratitude and Sap'ence,  
To spare the Folks that gave him Ha'pence<sup>525</sup>.

In contrast to Hogarth's picture of a brazen or oblivious Bedlamite-monarch urinating in front of his lady visitors, Swift has his Bedlam wretch (and one must bear in mind that Swift is primarily interested in portraying the worst cases) modestly turning aside to relieve himself.

### Context: Visiting And Other Institutions

Bethlem was not the only institution in early modern England (let alone Europe) to admit visitors, to display its inmates as a source of income and promotion, or to encounter disturbances as

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<sup>522</sup> See Brown, *Amusements*, 36; *BSCM*, 8 Nov. 1735, fol. 347 Swift, *Tale of a Tub*, 111.

<sup>523</sup> See *BCGM*, 18 Aug. 1671, fol. 334 & chap. 3, *infra*.

<sup>524</sup> First Report (1816), 41.

<sup>525</sup> See *Travels*, ls 23-33.

a result. Many visitors who gave accounts of their tours of Bethlem, gave not always dissimilar accounts of their tours of the other public institutions of London. Ned Ward for example visited Bridewell, Newgate, Ludgate, the Poultry Compter, St. Bart's, Christ's and St. Thomas's<sup>526</sup>. Von Uffenbach saw Bridewell, St. Bart's, Christ's, Chelsea and Greenwich, during just one year, 1710<sup>527</sup>. At Christ's Hospital visitors were admitted to watch the children eating supper, and, as at Bethlem, thieves might be apprehended there and committed to Bridewell<sup>528</sup>. William Hutton visited 'all the public buildings', and seems to have considered them all as good 'entertainment'<sup>529</sup>. Despite the salutary ban imposed on 'curious' visitors to St. Luke's, visitors like James Boswell (who viewed 'the unfortunate incurables' there, sometime before 1782), might admit being drawn by the same motives of 'sad curiosity' that had inspired many a visit to Bethlem<sup>530</sup>. St. Luke's, like Bethlem and indeed all London hospitals, had two 'Charity Boxes' for the donations of such visitors, and ironically was making more money out of this practice than Bethlem, after 1770<sup>531</sup>. While for the Augustans, a sight of the mad might warn visitors (young visitors in particular) against the wages of excess, 'sending [youths]...along with the Surgeons' of St. Thomas's Hospital, 'when they make their Operations on both Sexes in the foul Disease', was regarded by some as the best deterrent for 'careless Whoring'<sup>532</sup>. Many contemporaries made a habit of visiting the hospitals of London and Westminster with a similar object in mind. A correspondent to *The Guardian* in 1713 who was accustomed to purposefully mortify himself

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<sup>526</sup> *London Spy*.

<sup>527</sup> *London in 1710*.

<sup>528</sup> See e.g. *ibid*, 86-8 and *London Chronicle*, 18 April 1757. Thomas Miller was charged, in 1680, 'by Mary Goare to be an idle pilfring boy and picking a hankercheife and knife out of her pocket in Christs hospitall'; *BCGM*, 30 April 1680, fol. 148.

<sup>529</sup> Hutton, *Life*, 71.

<sup>530</sup> *Hypochondriack*, no. 63, Dec. 1782, 238.

<sup>531</sup> They were occasionally referred to as 'Poors Boxes'. See *SLCM*, e.g. 28 Dec. 1759, 25 June 1762, 28 Aug. 1767, 22 Feb. 1771, 2 Sept. 1774, 22 Aug. 1794, 16 Oct. 1795, 4 Nov. 1796, 13 July 1798 & *passim*. The boxes at St. Luke's were mostly filled by payments for the bedding of patients. While visitors' gifts could amount to as little as £4 in a year, they more commonly averaged between £20 and £40, by comparison with between £10 and £20 at Bethlem after 1770. As at Bethlem, after 1770, the boxes were opened and brought to account once a year at St. Luke's by the Committee.

<sup>532</sup> *A Journey Through England. In familiar letters from a Gentleman Here, to his friend abroad* (London, 1732), vol. i, 301.

by visiting 'the hospitals about this City', found, however, the observation of 'bodily distresses' in general hospitals like St. Thomas's, a positive relief in comparison with the 'lamentable objects' of Bethlem<sup>533</sup>. It was largely the danger of 'Infection' which prevented physically diseased patients from approaching the scale of the spectacle constituted by the insane. The London Smallpox Hospital actually apologised in 1763 to the public for the 'unavoidable Precaution' of 'forbid[ding] Strangers to visit' its patients, for this reason, hoping 'that the Affection or Curiosity of particular Persons will not be offended'<sup>534</sup>.

Predictably enough, it is the conduct of visiting at Bridewell which bears the closest relation to that at Bethlem. While historians have been ignorant of this context, it manifests just how imbued charity was in this period with spectacle, just how exceptional the disorders attending visiting were at both Bethlem and Bridewell (while analogous in themselves), and just how consistent was the policy of the Board of Governors of the united hospitals. Entries in the Governors' Minutes dealing with Bridewell visiting anticipate almost verbatim subsequent entries concerned with Bethlem visiting, though reflecting the inferior regard its governors had for the latter in the seventeenth century. Orders requiring Bridewell staff 'not [to] suffer idle and loose People to come and talke w[i]th [prisoners]...especially the woemen Prisoners' in 1641, and prohibiting all visitors from coming to 'speak with any prisoner...on Sabbo[a]th dayes fast dayes or thanksgiving dayes', unless a matter of 'necessity' and 'authorised by a governor', in 1645, anticipate by a decade the virtually identical orders for Bethlem in 1650 and 1657<sup>535</sup>. Plainly, as at Bethlem, it was female detainees, and moreover the most notorious detainees, who gave the Governors especial cause for concern, posing the most explicit questions of moral propriety, attracting the greatest number of visitors, and entailing the greatest disruptions to the hospital.

The visionary, Hannah Trapnell, committed to Bridewell by the Council of State in 1654, was the occasion 'of many Disorders by greate numbers of people resorting dayly to [her]', as indeed was Richard Stafford at Bethlem thirty years later<sup>536</sup>. In Trapnell's case, the Governors were more responsive to the hindrances visitors caused to the 'services' of their staff and to the wishes of the prisoner herself 'and divers of her friends', than in similarly disruptive cases at Bethlem. Their application to the Council of State to restrict her visitors to the ten or twelve

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<sup>533</sup> *The Guardian*, no. 79, 11 June 1713.

<sup>534</sup> *An Account of the Rise, Progress, & State of the Hospitals for relieving Poor People afflicted with the Small-Pox, & for Inoculation; from its First Institution* (London, 1763), 34.

<sup>535</sup> *BCGM*, 1 Oct. 1641, & 5 Dec. 1645, fols 351 & 229; 4 Sept. 1650 & 12 June 1657, fols 462-3 & 817.

<sup>536</sup> For Trapnell, see *ibid*, 7 June & 5 July 1654, fols 661-2 & 666.

officers of her church, and no more than five or six at a time, was made not just in the interest of the hospital, but at the request of Trapnell and her friends.

On the other hand, for those detainees considered more subversive, the Governors might be constrained more strictly by Parliament, and visitors excluded altogether, as in the case of the 'blasphemer', James Naylor, at Bridewell, and Stafford at Bethlem. In both these cases the prohibition of visitors was an entirely political decision, although both men had numerous adherents who might (and did in Stafford's case) severely hamper the running of the hospitals. Naylor, however, was much more successfully isolated than Stafford, partly as a result of his sick condition, partly by way of punishment for his heinous sin, and partly as a kind of moral quarantine. He was kept closely confined, 'restrayned there from the Society of all People', barred the use or possession of writing materials, and assigned a personal servant, who was to 'suffer no person to come unto him contrary to the orders of Parliament and this courte'<sup>537</sup>.

The extent to which policy towards visitors merged at the united hospitals and to which vice and madness provided an analogous spectacle, is also suggested by the practice of admitting 'spectators' to the sessions of the Court of Governors. By 1677, when these spectators had become particularly numerous and disturbing, the Governors expressed their solidarity with the concept of public shows by moving that a spectators' 'Gallery' be erected in the Court room<sup>538</sup>. Public whippings had long been inflicted as didactic spectacles upon the bodies of prostitutes, sturdy beggars and the like, at Bridewell, and crowds became so intrusive, in obstructing governors' views, as to reduce the spectacle into a bizarre ritual of ducking and peering<sup>539</sup>.

At the beginning of the eighteenth century, when the resorting of the 'idle' to Bethlem was again the subject of official complaint, the Court received a virtually identical complaint concerning the 'great numbers of People [who]...frequently resort [to Bridewell]...and play matches att football and Cudgells in this hospitall to the great disturbance of the Inhabitants'<sup>540</sup>. The

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<sup>537</sup> For Naylor, see *ibid*, 28 Jan., 21 & 25 Feb., 2 March, 15 & 28 May & 20 Nov. 1657; 14 & 29 Jan. 1658, & 12 Aug. 1659; fols 784-5, 791-2, 794, 796-7, 812, 815, 835, 843, 846 & 146.

<sup>538</sup> *Ibid*, 9 Feb. 1677, fol. 332. This motion was referred to the Bridewell Committee, but does not appear to have been instituted.

<sup>539</sup> The Court Room whipping post was, in fact, 'soe low [that] the Govern[ors] cannot see the Correccion given without causing the Spectators to stoop downe w[h]ich Occasions a great Noise and disturbance in this Court'. Rather than oust the crowds, which would have compromised the functional force of the ritual, the Governors preferred to raise the post, 'if it may be done w[i]thout Disfiguring the forme of this Court roome'. *ibid*, 8 Sept. 1699, fol. 311. For more on the spectacle of beating throughout history, see Rev. William M. Cooper, *An Illustrated History of the Rod* (Ware, Wordsworth Editions, 1988), esp. chaps xvi & xxi, originally, *Flagellation and the Flagellants. A history of the rod in all countries from the earliest period to the present time* (London, 1870).

<sup>540</sup> *Ibid*, 2 May & 24 Oct. 1707, fols 347 & 382.

Court dealt with both complaints in the same way, referring them to the Committees of the respective hospitals.

Staff at Bridewell, too, exploited their intermediary roles between prisoners and the public in the same manner as staff at Bethlem, although not to the same degree, not enjoying the benefit of as curious a show to hawk. In 1714, for example, the Hempdressers and their servants were berated for *inter alia* barring anyone from seeing a prisoner 'without strong drink or money' as a bribe<sup>541</sup>. Just as the seventeenth century ruling requiring Bethlem staff to discriminate between the quality of visitors had been allowed to lapse, the contemporaneous prohibitions of holiday and Sunday visiting at Bridewell had to be reenacted in 1715 and 1742<sup>542</sup>.

The poors' box at Bridewell served the same function as that at Bethlem, and was framed according to the same ideology, being erected in 'a convenient place...for Charity of well disposed p[er]sons as come into this hospitall...for better reliefe of the poore'<sup>543</sup>.

As at Bethlem, many visited Bridewell out of higher motives, like John Newton, friend of the poet Cowper, who paid a 'charitable visit' to an 'unhappy man' there in 1784<sup>544</sup>. It was for similar reasons of charity and religious consolation that evangelicals like Wesley, and Alexander 'the Corrector' Cruden, visited inmates in other city prisons<sup>545</sup>.

### The End Of Visiting At Bethlem

My concluding sub-heading is something of a misnomer, for (as already indicated) visiting did not simply end at Bethlem, but was gradually curtailed by a series of measures culminating, though not terminating, with the introduction of the ticket system in 1770. Indubitably, it was late in coming, and both contemporaries and historians have been justified in criticising the Governors for their failure to reform visiting any sooner. Despite regular and thoroughgoing

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<sup>541</sup> *Ibid*, 9 Sept. 1714, fol. 18.

<sup>542</sup> *Ibid*, 2 Dec. 1715 & 3 Sept. 1742, fols 176 & 155.

<sup>543</sup> *Ibid*, 7 Aug. 1673, fol. 548. This entry occurs soon after the rebuilding of Bridewell following the Great Fire, when a new poors' box was ordered erected there.

<sup>544</sup> Cowper, *Letters*, vol. ii, ltr dated 8 March 1784, 220-21. Cowper, himself, was decidedly unsympathetic to the applications of the man's family for his intercession in the case, having a high moral regard for 'the integrity' of 'Justice'.

<sup>545</sup> See Wesley, *Journals*, *passim*; Cruden, *The Case of Elizabeth Canning & The History of Richard Potter, a Sailor, and a Prisoner in Newgate, who was tried at the Old-Bailey in July 1763...Containing an account of his being convinced of sin and converted in the cells of Newgate* (London, 1763).



critiques by observers from the 1740s onwards, and the establishment of three rival institutions before 1770 which disowned the policy, the Bethlem Governors proved hide-bound in the face of change. Despite the fact that the Bethlem physician himself, in 1758, came down publicly in favour of the exclusion of visitors, the Governors did not 'put so much confidence in the physician' as to follow his advice (at least, not for another twelve years). Furthermore, Monro himself totally ignored the overt criticism of visiting Bethlem in Battie's *Treatise*, apparently, out of a somewhat narrow-minded loyalty to the hospital<sup>546</sup>. No really effectual action was taken to discriminate amongst visitors and to meet calls for reform, until the 1760s, and the Governors by in large merely pettifogged their way out of a direct notification of abuses made to the Court in 1742. Despite early initiatives at other public resorts, like Vauxhall Gardens, to achieve selectiveness in their clientele, the Board did not follow suit by upping admission fees, nor, despite complaints about idle youths, did they impose any age limit on visitors until 1775 (from which time, no visitor under sixteen was to be admitted)<sup>547</sup>.

As I have demonstrated, however, the hospital administration made greater efforts prior to the 1740s to regulate public visiting than has been appreciated by historians. It would be inaccurate to censure the Governors as out of touch with public opinion before this juncture. The Governors' ideals were essentially in advance of the willingness of staff to enforce them. Visiting can only be properly understood within the context of Bethlem's evolution as a charity. The hospital's enduring dependency on the good-will of its benefactors, had rendered public access to Bethlem not just economically expedient, but necessary, while charity had long required ocular proof of sickness and want and long displayed its objects as living exhortations. However valuable the profits from the show of lunacy, the Governors were not in the habit of 'repeatedly' pointing this out 'when the practice was criticised', as Altick maintains<sup>548</sup>. It was after the fact, once visiting had been curtailed, that the Governors sought to justify themselves in this fashion<sup>549</sup>. The argument is, of course, extenuatory, but it was not until the mid-eighteenth century that the hospital became financially self-sufficient, with an ordinary revenue normally

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<sup>546</sup> Battie, *Treatise*, 68-9; Monro, *Remarks*, 39.

<sup>547</sup> *BSCM*, 9 Dec. 1775. For Vauxhall and other public gardens, see Wroth & Wroth, *London Pleasure Gardens*, 286-316. Originally, 'nothing was charged for admission' at Vauxhall and the gardens experienced riotous scenes more often than Bethlem. Under the proprietorship of Jonathan Tyers, however, 1/ was established as the regular charge, from 1732 until 1792, and season tickets were issued; *ibid*, 287 & 290. See, also, Southworth, *Vauxhall Gardens*, and Altick, *Shows*.

<sup>548</sup> *Shows*, 44.

<sup>549</sup> See Bowen, *Historical Account*, 11 & Boyer, *True Report*.

in excess of expenditure. By 1770, or thereabouts, Bethlem could rely on an annual income of c£5,000<sup>550</sup>, and the curtailing of visiting signals to some degree the hospital's increasing capacity for self-definition, and an augmented autonomy from the constraints of the public. The conduct of visiting had itself been fundamentally determined by public demand, and even after the introduction of tickets and vastly reduced visiting hours, the public proved less willing to relinquish its former licence, than the Governors were to withdraw it. In 1779, access had to be restricted to four persons per ticket, on the discovery of 'great Numbers of Persons' visiting the hospital on single tickets, as a consequence of which (unspecified) 'irregularities and inconveniencys' had occurred<sup>551</sup>. Within the space of two more years, unauthorised Sunday spectators seem to have returned briefly to haunt the hospital<sup>552</sup>. Indeed, it was the escalating disorders as a result of the mounting popularity of Bethlem as a resort, which had considerably forced the Governors to capitulate and to bring the hospital in line with other institutions. Yet, while internal developments within the administration of the hospital played a significant part in the end of visiting, more importantly, it was exogenous elite pressure and the rising tide of enlightened sensibility which told on Bethlem. The Governors retrospectively and rather vainly 'flatter[ed] themselves [that] their Conduct has been approved by the Public', and indeed, were begrudgingly applauded by other commentators<sup>553</sup>. Neither the Age of Sensibility, nor the opinion of any one physician<sup>554</sup>, however, suffices to explain the demise of spectacle at Bethlem. One must look, rather, to a collective set of circumstances within the broader context of early modern society, in particular to the new philosophy, the development of the individual and the genesis of the nuclear family, and to an expanding and consolidating genteel culture, which likewise, made inroads into the former pomp and communalism of death, and (rather more

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<sup>550</sup> See von la Roche, *Sophie in London*, 170, & Auditors Accounts in *BCGM*, *passim*.

<sup>551</sup> *BSCM*, 16 Oct. 1779. Visitors' tickets were henceforth to be inscribed with the proviso 'and three others'.

<sup>552</sup> *Ibid*, 17 March 1781. This, at least, is the implication of the Committee's order that no one be admitted to view the hospital on Sundays, in future, 'unless Attended by a Governor'.

<sup>553</sup> See Boyer, *True Report*. *The Medical Register* (1779) merely remarked that the case was the same at Bethlem now as at St. Luke's, where 'The Governors...have very humanely ordered that no patient shall be exposed to public view'; 42. See, also, *Med. Reg.* (1780), 50. The very year after the ticket system's instalment at Bethlem, John Aitkin had observed pointedly 'it would seem needless to inculcate on the humane, the very great impropriety and cruelty of allowing the poor unhappy sufferers to become spectacles for the brutal curiosity of the populace'; *Thoughts on Hospitals...* (London, 1771), 71.

<sup>554</sup> For the latter, rather partisan, claim, see *Clan Monro Magazine*, no. 3, 1951 (ed.), R. W. Monro, 28; 'Dr John put a stop to the indiscriminate visiting of the wards'.

slowly) into the spectacle of punishment<sup>555</sup>.

The putative benefits of this transition in the history of the insane are well known and were trumpeted in a self-congratulatory fashion by the Bethlem Governors themselves. 'A general Admission of Visitors', according to Boyer's Spital Sermon (1789), had 'from its first Institution...been found prejudicial and inconvenient to the Patients'<sup>556</sup>. Visiting had certainly, as both Boyer and Bowen alleged, 'tended to disturb the tranquillity of the patients', and the patients were undoubtedly, after 1770, 'kept more quiet' and 'better secured & accommodated'<sup>557</sup>. The exclusion of spectators also enabled the hospital staff better to get on with their duties and to pay 'a more particular Attention...to the Patients'. There is little doubting the new tone of orders in the Court and Committee Minutes from the 1760s, granting an enhanced emphasis to considerations of 'the Welfare of the Patients and good Order and Decorum within the Hospital'<sup>558</sup>. The subsequent appointment of two night watchmen to patrol the wards and gates while the Porter was off duty, and the installment of a complaints book for visitors, in the 1780s, must also have assisted in the security and good management of the hospital<sup>559</sup>.

It is impossible to concur with Boyer, however, that the Governors' exclusion of visitors, and, more especially, the severe proscriptions steadily imposed on the access of patients friends, conduced to making the hospital 'as open and extensive as [possible]'<sup>560</sup>. Besides the restrictions on visiting friends already mentioned, friends had their visits further limited or entirely banned in individual cases. The friends of Peter Pattinson, for instance, were on his admission in 1785, 'forbidden' to visit him 'oftener than once a Month'; while all visitors were barred from Thomas Thomas in 1782, 'without a Particular Order from the Committee of this hospital'<sup>561</sup>. Individual patients were often isolated in their cells on days when visitors were admitted, as was Richard

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<sup>555</sup> See works in ref. 262.

<sup>556</sup> Boyer, *True Report*.

<sup>557</sup> *Ibid.*, & Bowen, *Historical Account*, 111.

<sup>558</sup> See esp. *BCGM*, 27 April 1769, fol. 250.

<sup>559</sup> For nightwatchmen, see *BSCM*, 22 Dec. 1781 and for complaints book, see *Select Committee Report* (1792), 52, rule xix. Visitors with grievances were supposed either to record them in the book or to convey them in person to the Steward before leaving. Regrettably, this book does not seem to be extant amongst the hospital archives.

<sup>560</sup> *True Report*.

<sup>561</sup> *BSCM*, 1 June 1782 & 28 May 1785.

Hyde in 1781, and Jane Gibbs in 1800<sup>562</sup>. While such measures had certainly been taken prior to 1770 by the Committee, they were the exception rather than the rule. Subsequently, the policy seems to have been greatly extended and more systematically enforced. Earlier in the century, friends and obligors had normally encountered minimal trouble in reclaiming patients when they pleased. By the latter eighteenth century, however, the hospital had greatly enlarged the province of its competence, and was regularly refusing to discharge patients, or prohibiting patients from readmission whose relatives insisted on removing them in contradiction to the advice of the Committee and Physician. From 1780, even ex-incurables were barred from admission to the hospital as visitors<sup>563</sup>. Amongst the injustices railed at by those (wrongfully) confined in private madhouses, the denial 'of pen ink and paper' and seclusion 'from all commerce with the world', were regularly near the top of the list<sup>564</sup>.

The isolation of patients and the restriction of their friends was not carried out at random, of course, and must often have been well-advised. In part, it was the product of greater efficiency and application in the procedures of the hospital. Some visitors, like 'the Friends of Richard Carter', might cause real disruptions to the running of the hospital and pester the patient by their 'very Troublesome' and persistent attentions<sup>565</sup>. Temporary seclusion of unstable patients during the two visiting mornings might actually extend their liberty, by allowing patients, like Hyde, 'to Walk the Gallery' at other times, when previously they might only have been trusted to roam on Sundays and holidays<sup>566</sup>.

There is a suspicion, nevertheless, that what the Governors regarded as 'very Troublesome', in cases like Carter's, rarely coincided with what either friends or patients felt. The negative implications of a mandate for isolating those patients whose relatives were deemed disturbing,

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<sup>562</sup> *Ibid*, 29 March 1800 & 12 July 1781. Such examples may be easily multiplied from the Sub-Committee Minutes. Re. growing conviction in the positive benefits of solitary confinement on the criminal mind, in the eighteenth century, and the counter-reaction from the late nineteenth century, see Ignatieff, *A Just Measure of Pain*, esp. 52-4, 102-3, 117-18 & 126-42.

<sup>563</sup> *Ibid*, 28 Oct. 1780.

<sup>564</sup> See e.g. abuses at Chelsea madhouse mentioned in 1763 Commons Enquiry and review of the enquiry in *Annual Register* (1763), 158.

<sup>565</sup> *Ibid*, 22 Jan. 1785. At St. Luke's, too, policy was little different and occasionally quite sympathetic to patient and visitor. The wife of Thomas Lloyd, e.g. despite having 'behaved in a very abusive manner' on visiting him and having 'come at improper times', was treated with clemency and merely told to come only at the stated hours; *SLGCM*, 19 Dec. 1794.

<sup>566</sup> *BSCM*, 12 July 1781.

are powerfully manifested in the case of James Tilly Matthews, a *cause célèbre* of the 1815/16 Commons enquiry, whose wife, daughter and friends were banned for many years from seeing him, despite his essentially pacific nature<sup>567</sup>. Similarly, it is doubtful whether the other notorious case in the 1815/16 enquiry, William Norris, could have remained so long concealed in his cumbersome and insalubrious mechanical restraint, if Bethlem had still been open to public scrutiny<sup>568</sup>. There seems little but rhetoric to support the assertion of John Thomas Smith, in 1815, that at Bethlem 'the relatives of the patients are never denied the privilege of seeing them'<sup>569</sup>. At St. Luke's proscriptions were taken even further when, in 1790, "the relations or friends of the Patients' were not permitted to stay with patients for any longer than 'one half of an Hour', during the two hour visiting period<sup>570</sup>. At Bethlem, by the nineteenth century, visiting had been restricted to Mondays only<sup>571</sup>.

There seems little doubt that in reaction against the abuses of visiting at Bethlem, hospitals had gone too far the other way. At both Bethlem and St. Luke's, physicians and governors seem to have operated their discretion as to whether, and for how long, to allow social intercourse between visitors and patients. In principle, this may not appear ill conceived, and is itself a sign of increasing sophistication in hospital policy, designed to suit the individual case. In 1758 Monro had conceded, unlike Battie, that the visits of friends 'may be sometimes permitted without any bad consequences, and I have frequently known them of service; but [that] all this should be submitted to the judgment of the physician'<sup>572</sup>. By 1788, however, when Francis Willis was barricading the palace door against the access of the royal family and royal physicians to George III, Willis appealed rhetorically to the opinion of Monro to vindicate his actions and the exclusive authority of the attending physician over cases of insanity:

Ask Doctor Munro, or any one...if they would allow any to go to a Patient, but those under

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<sup>567</sup> For Matthews, see e.g. bundle of papers on legal proceedings concerning him in BRHA; *Madhouse Committee Report* (1815/16), *passim*; Porter, intro. to Haslam's *Illustrations of Madness*, and *BAR, BCGM & BSCM*, 1796-1814.

<sup>568</sup> For Norris, see *Madhouse Committee Report* (1815/16), *passim*.

<sup>569</sup> Smith, *Ancient Topography of London*, 33.

<sup>570</sup> *SLGCM*, 7 April 1790.

<sup>571</sup> See *Madhouse Committee Report* (1815/16), *1st report*, 41.

<sup>572</sup> Monro, *Remarks*, 39.

whose immediate care they were<sup>573</sup>.

Despite the advance of affective, familial bonds, within polite society, medical expertise was increasingly interfering where the will of family had traditionally prevailed.

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<sup>573</sup> *Diaries of Colonel Robert Fulke Greville* (ed.), F. Makno Bladon (London, Bodley Head, 1930), 25 Jan. 1788, 190. As Greville observed, however, Willis had 'often admitted the Queen and the Princesses' to see the King, forcing an admission out of Willis that 'Now and then to see their Relations may be good, and must be used as part of the cure'.

# Annual Poors' Box Takings 1723-99

As a guide to incidence of visiting

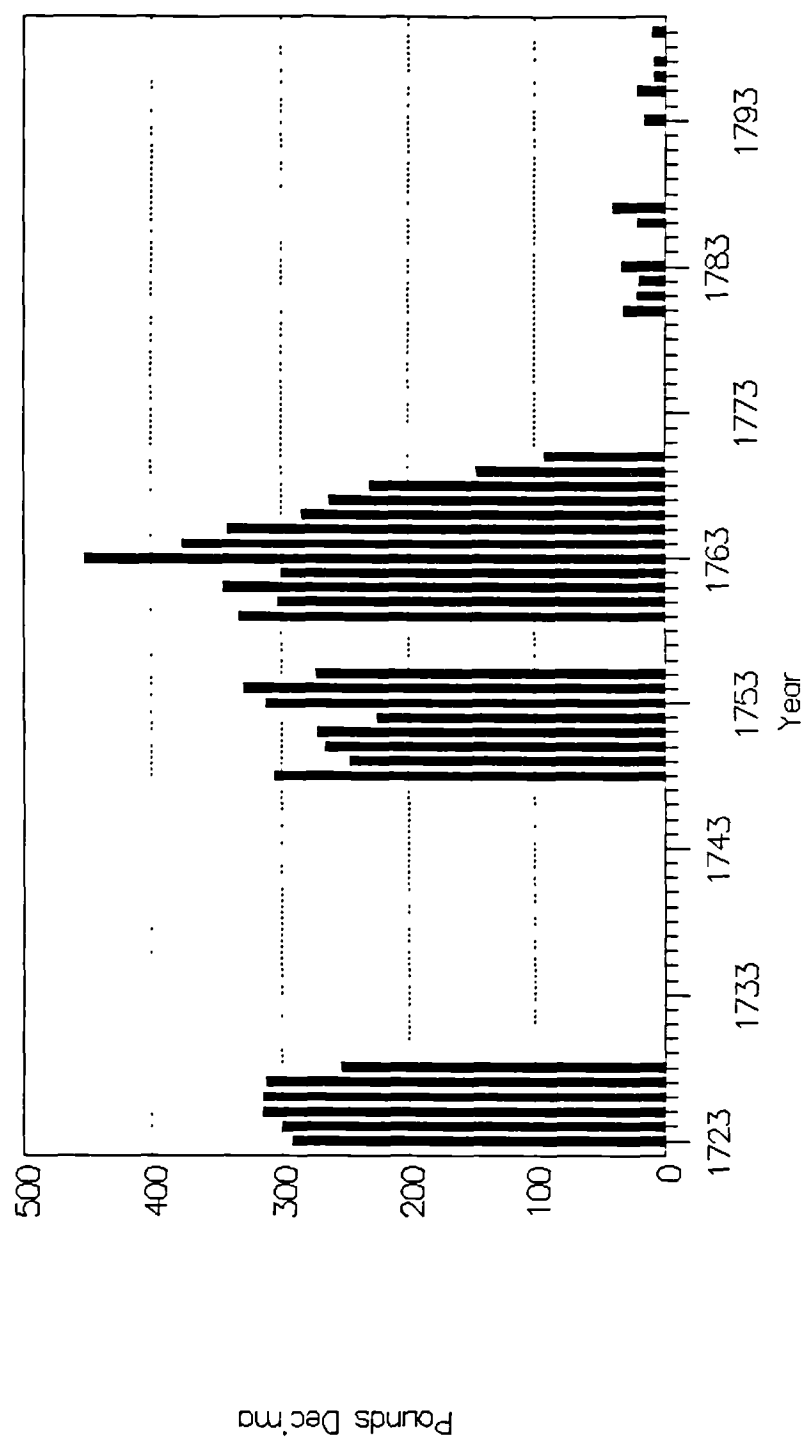


Fig. 2a Derived from BSCM, BCGM and BSA, 1723-8 and 1748-70

# Quarterly Poores' Box Takings 1723-1728

As a guide to seasonality of visiting

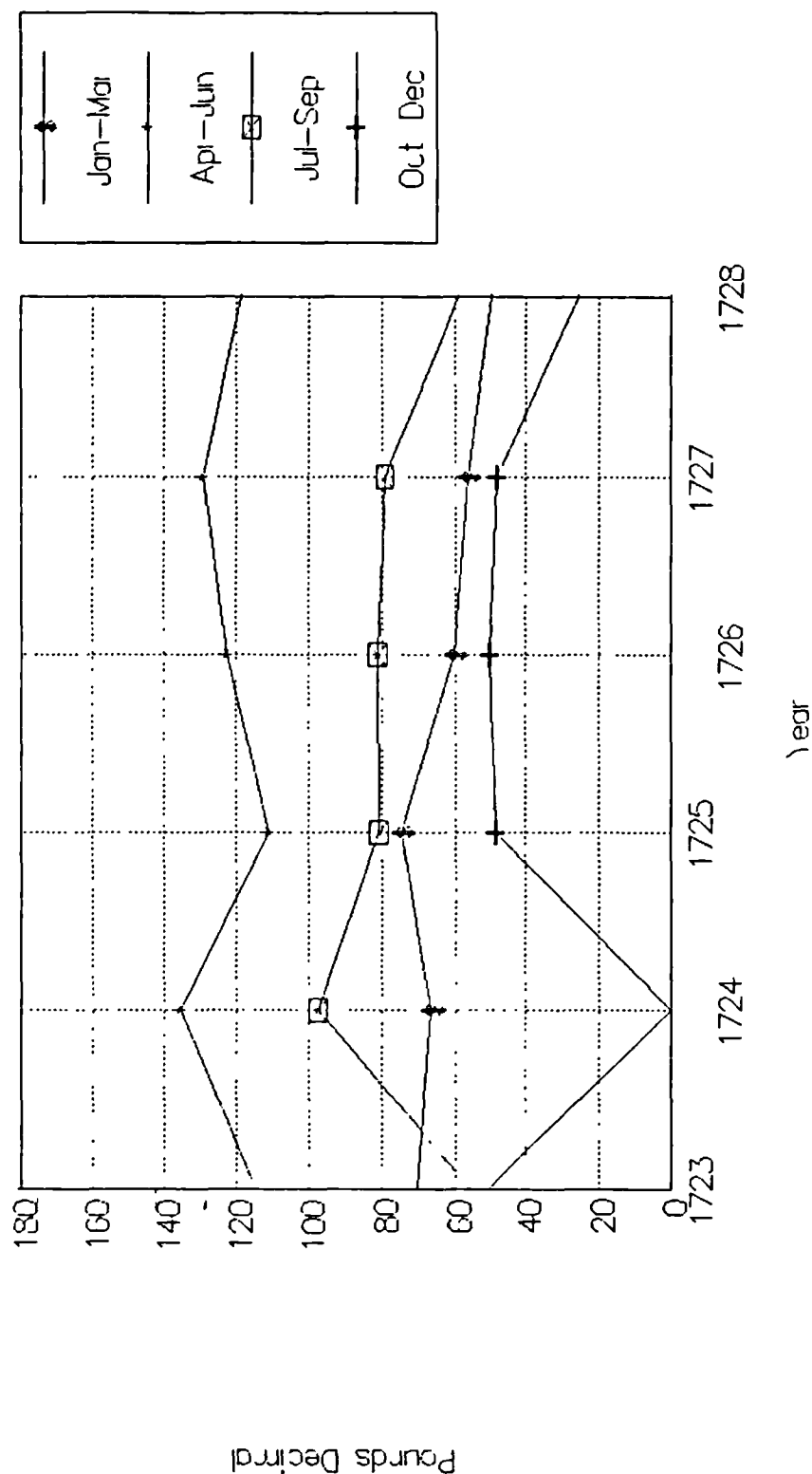


Fig. 2b(i) Derived from BSCM, 1723-28



# Quarterly Poores' Box Takings 1748-1770

As a guide to seasonality of visiting

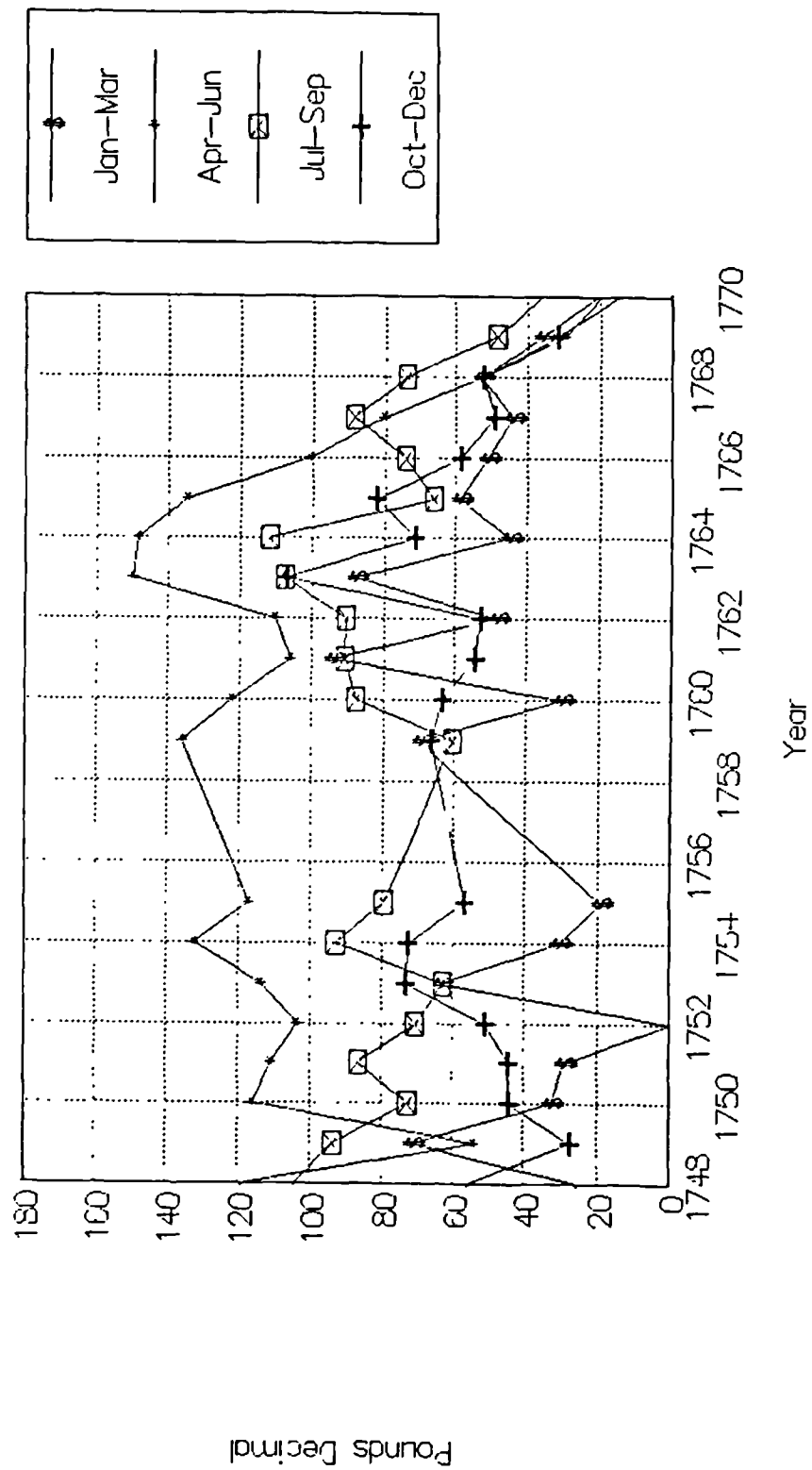


Fig. 2b(ii) Derived from BSCM, BCGM and BSA, 1748-70

Fig. 2c Poors' Boxes for donations of visitors to  
Bethlem, which stood inside the entrance  
to the hospital from c1676



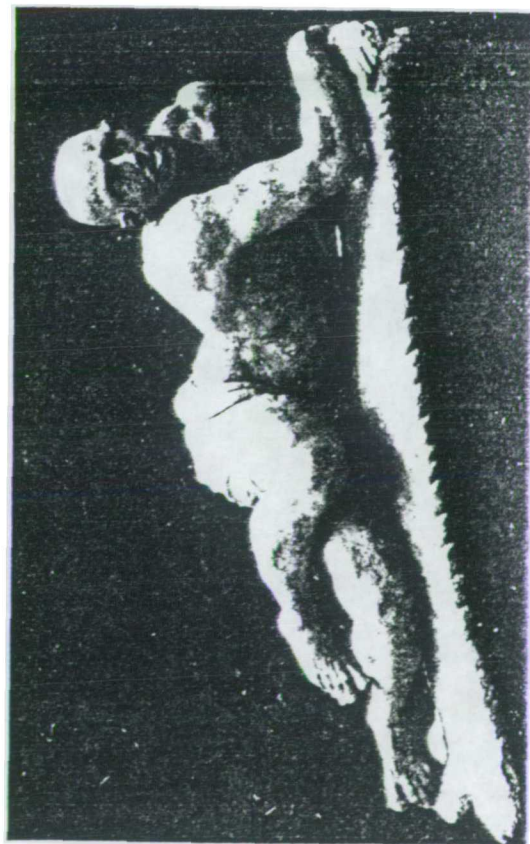
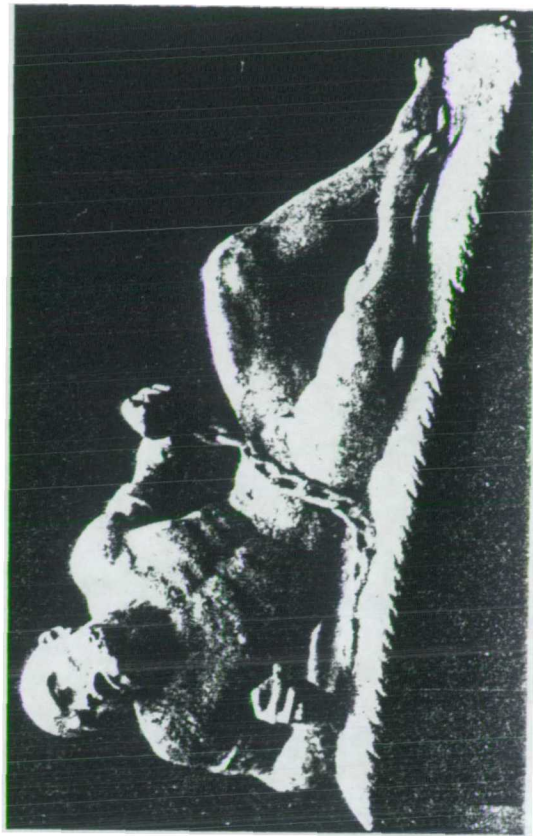
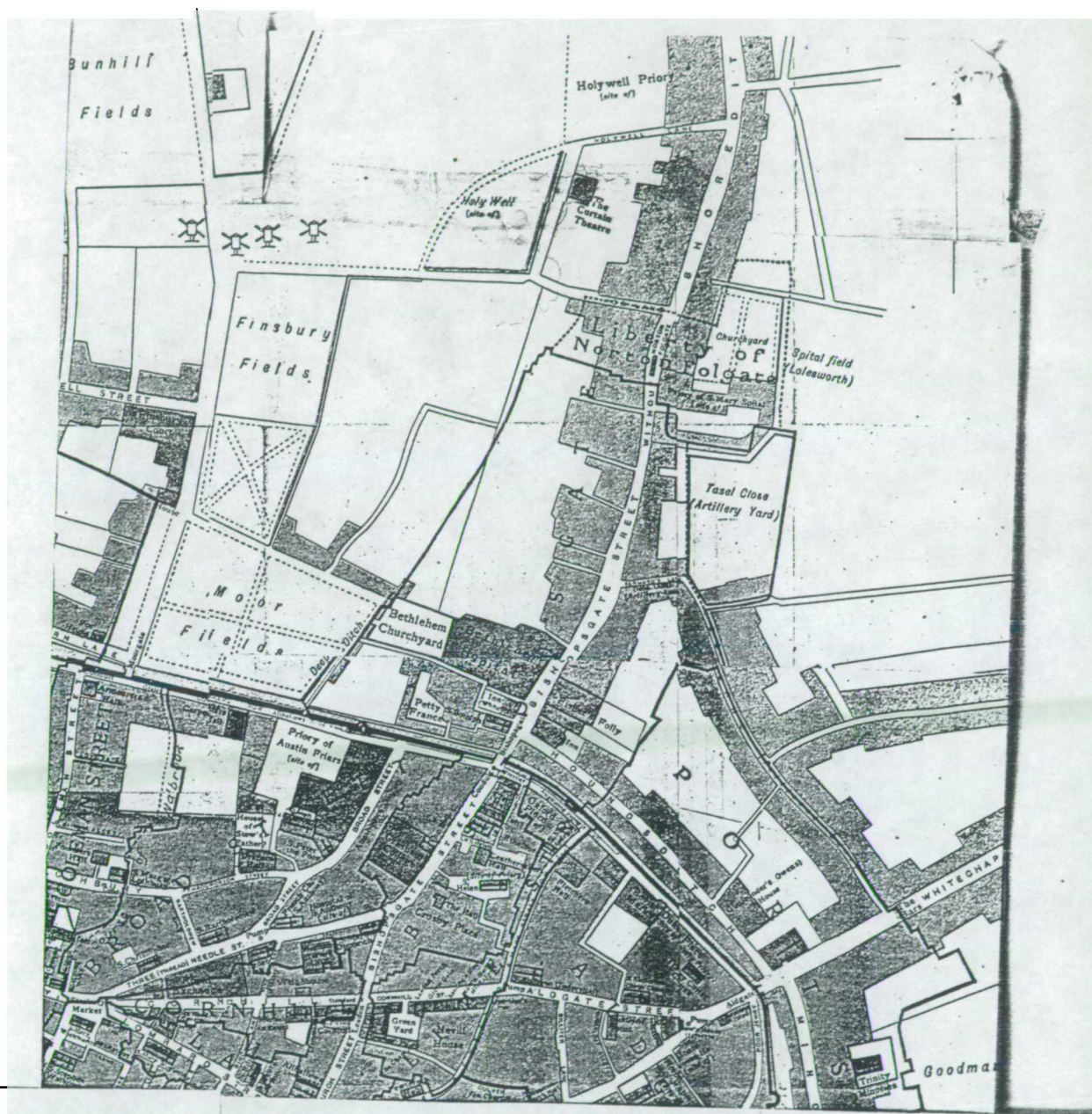


Fig. 2d Stone figures of 'Melancholy Madness' and 'Raving Madness' by Caius Gabriel Cibber, which surmounted the gates of Bethlem Hospital from c1676



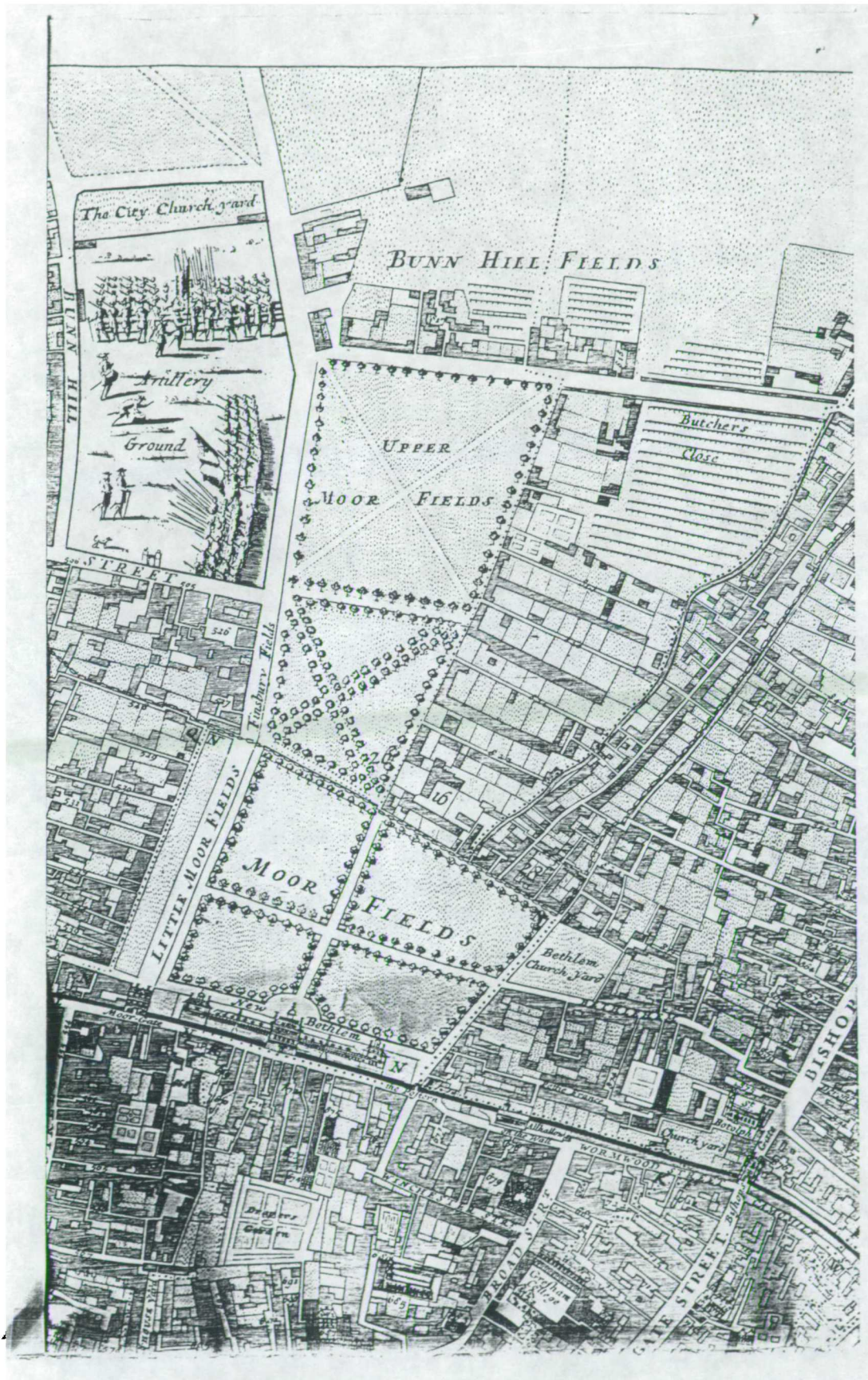




**Fig. 2f Old Bethlehem Hospital at Bishopsgate from a map of the City of London as described by Stow, c1600**



Fig. 2g New Bethlem in Moorfields c1676





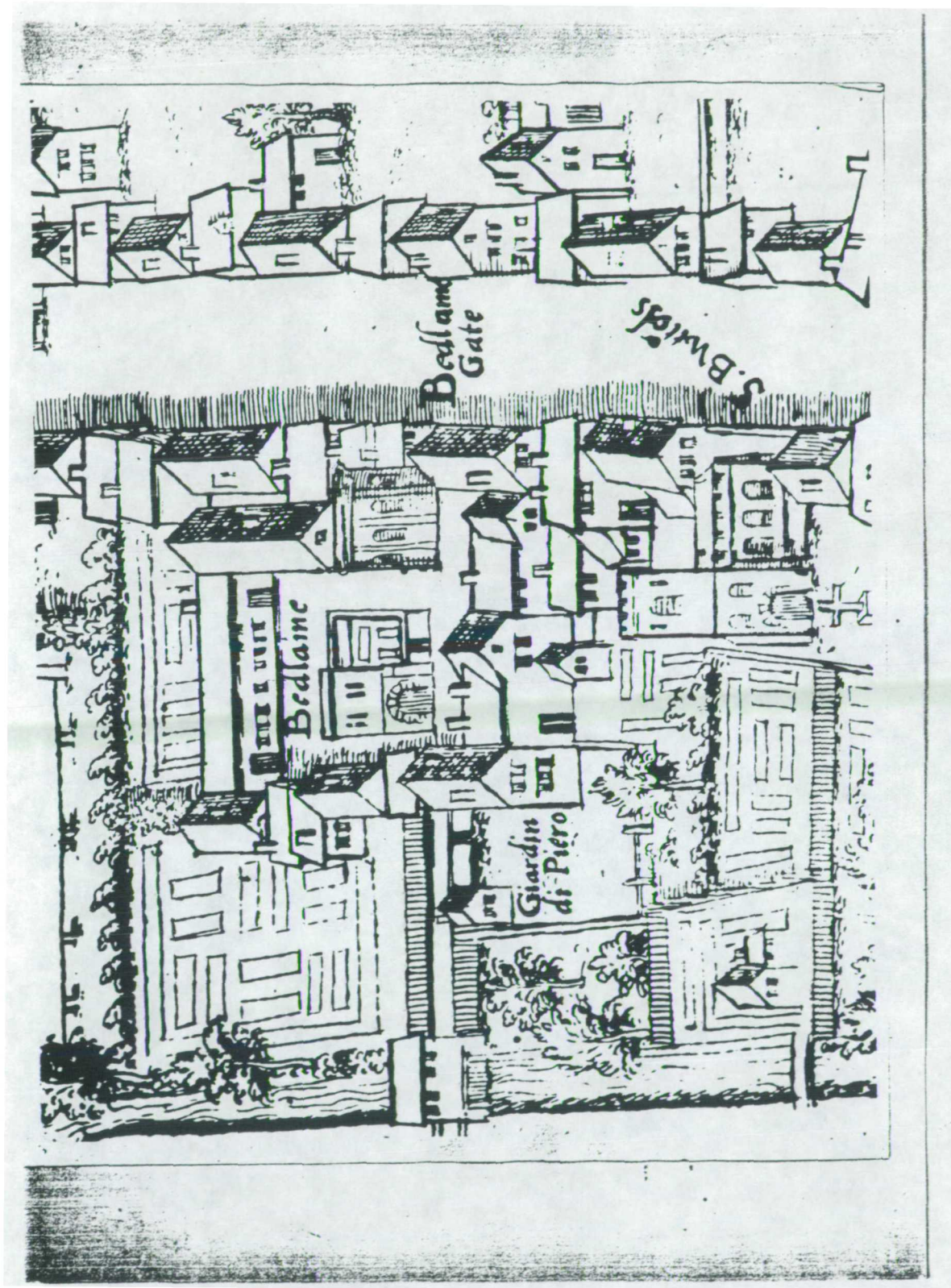


Fig. 2h Old Bethlem at Bishopsgate c1559 from a map held at the London Museum





Fig. 21 Bethlehem at Moorfields from John Rocque's map 1746



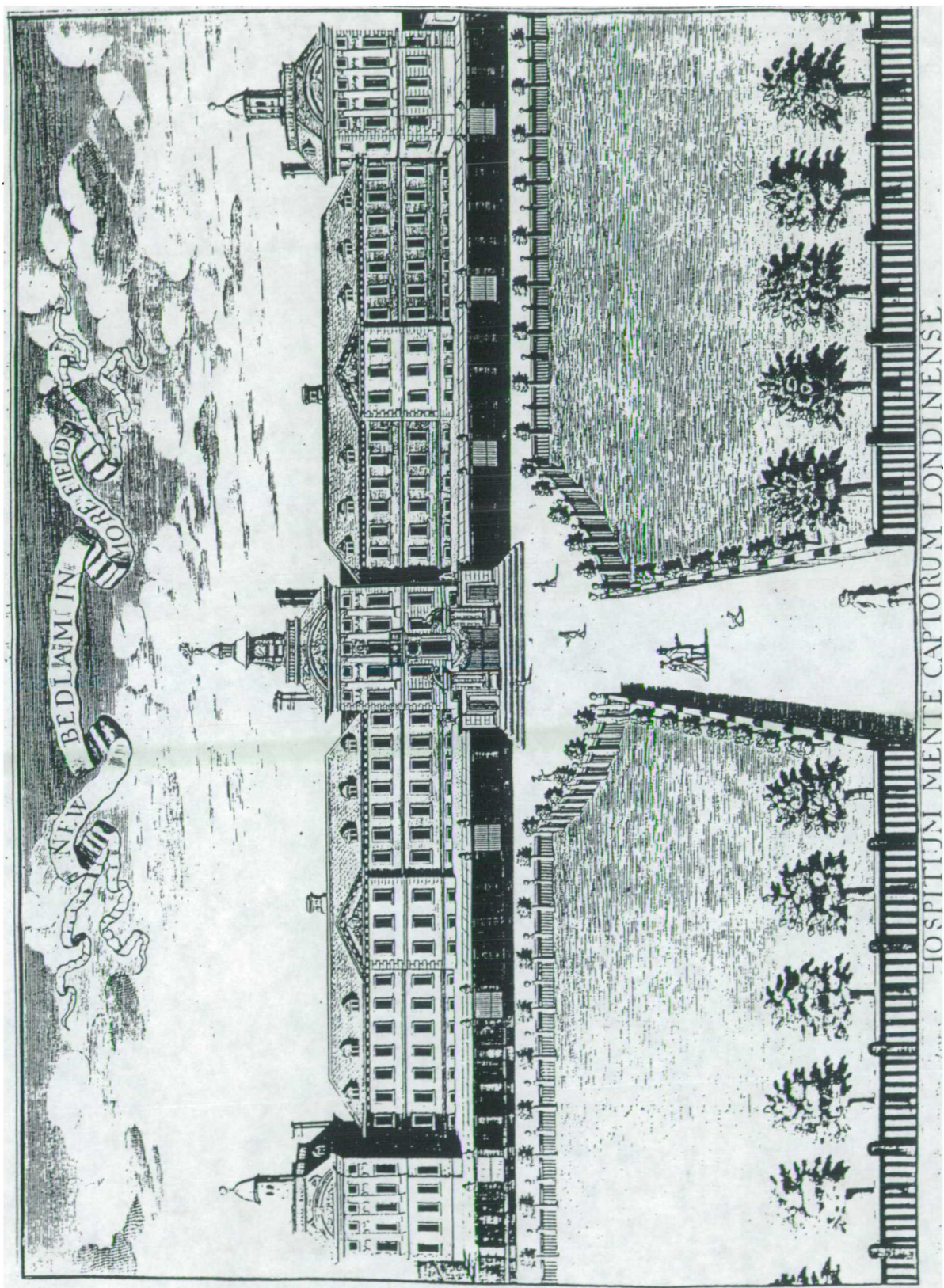
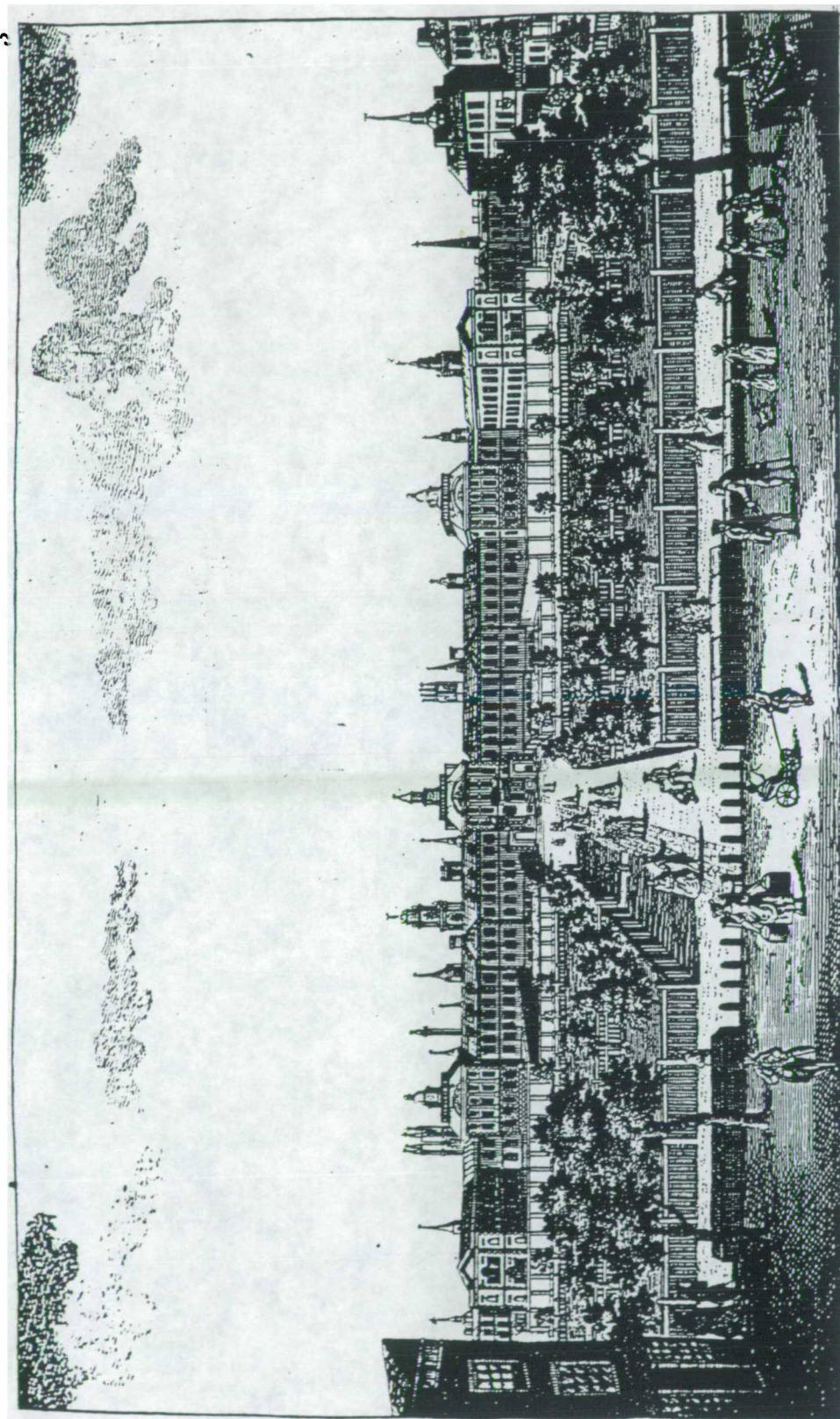


Fig. 2j New Bethlem at Moorfields c1676 after an engraving  
by Robert White





*A View of the Hospital of Bethlehem ..... Vue de l'Hôpital de Bethléhem.  
 As shown printed for Robt. Sayer Map & Printseller, at the Golden Bunch near St. Dunstons Church Fleet Street.*

**Fig. 2k View of Bethlem at Moorfields post 1733, showing  
 new incurables wings, printed for Robert Sayer**

## Chapter 3

### 'The Discipline of the House': Environment, Management & Architecture

1

#### Introduction

The 'squalor' of Bethlem, depicted in Swift's (and other contemporaneous) portraits of naked, starved, 'slovenly' and abused patients, dabbling in their own excreta; languishing in dark cells, or picking at the straws of their beds; and of a filthy, stench ridden hospital; taken for granted as fact by some historians, or by literary critics, like Max Byrd; has been considerably exaggerated<sup>2</sup>. On any literal reading of Augustan literature, one would indeed gain the impression that all, or most, of Bethlem's patients were shut away in 'darken'd room[s]'; were incontinent, unwashed, unclothed and slept on straw; were subjected to 'daily' lashings, and were constantly in chains. Yet modern commentators have made little attempt to test this image of the environment of Bethlem by reference to the hospital's own records, or to the more matter of fact accounts of other contemporary visitors, nor has provision for the insane at Bethlem been thoroughly placed in the context of other contemporary alternatives. The hospital's environment has generally been portrayed as a static time-capsule of sustained squalor. Taken to its worst extremes, this image led one historian, as recently as 1982, to declaim:-

Bedlam (or Bethlem) was [in the eighteenth century]...a wretched place...The records show that patients were beaten, starved and manacled, and for months at a time they were placed in filthy dungeons, with no light or clothing; they were given only excrement-sodden straw on which to lie. Amputations of the toes and fingers of patients, due to frostbite, were not uncommon...<sup>3</sup>.

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<sup>1</sup> For quote, see e.g. Willis, *De Anima Brutorum...* (1672), trans Pordage as *Two Discourses Concerning the Soul of Brutes...* (London, 1683), 208; the 'inveterate and habitual' insane, 'seldom admit to any Medical Cure; but...being placed in Bedlam, or an Hospital for Mad people, by the ordinary discipline of the place, either at length return to themselves, or else they are kept from doing hurt'; & testimony of John Haslam before the Madhouses Committee, 1st Report, 1815, 105, re. discharge from Bethlem of the 'sick and weak' and those 'not...able to undergo the discipline of the house'.

<sup>2</sup> See Swift, *The Legion Club*, ls 52, 154, 234-5; *Gulliver's Travels*, 'Voyage to Laputa', pt. 3, chaps v & vi, esp. 178-82; *Tale of a Tub*, 111-13; & Byrd, *Visits to Bedlam*, chap. 3, esp. 85 & note to plate 6. Byrd refers to 'the...squalor of Bedlam', and to Yahoos dabbling in their dung 'like the inmates of Bedlam'.

<sup>3</sup> Beatrice Saunders, *Our Ancestors of the Eighteenth Century* (Sussex, The Book Guild, 1982). See, also, Roderick E. McGrew, *Encyclopedia of Medical History* (London, Macmillan, 1985), who speaks more generally about the 'unspeakable' 'conditions under which' the insane 'existed', but only slightly less sensationally:- 'The mad cells were usually dark, dank, cold, and rat-infested. Sanitation was virtually nonexistent, clothing was minimal in the coldest weather, and it was not uncommon for both men and women to be seen lying entirely naked on beds of rotten straw...The only consideration was to make escape impossible. Health or comfort meant nothing'. Similarly, reliant on little more than the 1815/16 Madhouses Committee Reports, S nger & Underwood

The fact of the matter is that historians have simply not looked at the hospital's records, but have been content to equate the literary image of 'Bedlam' absolutely with the real Bethlem, or to accept the verdict of the 1815/16 Madhouses Committee enquiry as a conclusive indictment of the entire span of the hospital's history. Certainly, by modern standards, Bethlem was brutal, cold, dark, slummy and extremely unhygienic, but, equally certainly, this is not a yardstick appropriate to a historical study. Just how squalid were conditions at Bethlem by comparison with conditions for the poor insane and sick elsewhere? Moreover, how are what differences there were to be explained, and in what ways and why did the environment of Bethlem change over time?

'Revisionist' historians who have sensitively gauged the complex nexus of conscious and unconscious motivations beneath the declared intentions of nineteenth century asylum reformers, have persisted, on the other hand, in taking the polemic of such reformers against the asylum regimes of old too much at face value. It is not *my* intention to deny the assessments of Andrew Scull and others that 'conditions in...[early modern] madhouses generally ranged from the bad to the appalling'. Yet Scull remains prepared to cite the appraisal of observers like Charles Dickens that 'coercion...chains, straw, filthy solitude, darkness, and starvation...spinning in whirligigs, corporal punishment, gagging' etc., were the standard issue of a medical regime for which 'nothing was too widely extravagant, nothing too monstrously cruel to be prescribed', as objective evidence of the prevailing ethos and conditions at pre-industrial institutions for the insane<sup>4</sup>. Rather than accepting such an analysis, I shall be at pains in examining the environment of Bethlem in this chapter to point out the elements of caricature and the palpable limitations to such views. Scull deserves credit for, himself, recognising the self-righteousness and distortions behind the reformers' portrayals of their own activities and of the practices of their forbears<sup>5</sup>. His assertion, however, 'that madmen were chained, whipped, menaced, and half starved in asylums in the eighteenth century', and that this was an inevitable result of the public exhibition of the insane and of the advocacy of such treatment by 'every treatise on the management of the mad' (despite its recent softening to 'many a treatise'), still echoes the verdict of the reformers<sup>6</sup>. Scull

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said scant else about conditions at early modern madhouses except that 'filth and dirt were everywhere' present. See Charles Singer & E. Ashworth Underwood, *A Short History of Medicine* (Oxford, Clarendon, 1962), 499.

<sup>4</sup> Dicken's is quoted rather complacently, without comment, by Scull, to illustrate the former point. See Scull, *Social Order/Mental Disorder*, 127 & note 22; & Charles Dickens, 'A Curious Dance Round a Curious Tree', in *The Uncollected Writings of Charles Dickens: Household Words, 1850-59* (ed.), Harry Stone (London, Allen Lane, 1969), vol. ii, 382-3.

<sup>5</sup> See *Museums of Madness*, esp. 62-3; *Social Order/Mental Disorder*, chap. 2, 31-53.

<sup>6</sup> *Museums of Madness*, 63; *Social Order/Mental Disorder*, 51.

adopts an overly monolithic interpretation of the early modern asylum, and ignores considerable gradations in the management and treatment of the insane in this period, preferring to view such as 'undifferentiated'. I have already discussed the limitations of any strictly determinative link between the public exhibition of the insane and their public and private abuse at Bethlem. Scull also posits too rigid a correlation between medical theory and asylum practice (in an age when hospitals and madhouses were managed by laymen, not mad-doctors), and neglects some of the subtleties of the medical treatises he alludes to. When quoting Willaim Belcher's *Address to Humanity* as exemplifying the 'gross exploitation and maltreatment of patients' at eighteenth century madhouses, Scull might also have remarked that Belcher composed his pamphlet in the form of a dedicatory letter to one of the most established mad-doctors of them all, Thomas Monro, Bethlem Physician, in gratitude for having secured his release<sup>7</sup>. Whips, chains, threats and starvation, were not the standard and indiscriminate issue for the patients of Bethlem that Scull claims they were. Nor were protests against such treatment 'heard' only 'after the turn of the [nineteenth] century'<sup>8</sup>.

I shall proceed to outline my doubts that the whipping, beating and abusing of the insane were either as orthodox or as frequent a prescription for the inmates of Bethlem (or the insane in general) as they have been considered, in chapters 5 and 6. In this section, however, I shall be chiefly concerned to map out other essential features of the hospital's environment, to examine in detail its (allegedly) grossly deficient bedding, clothing, hygiene, air, light, heating, exercise, occupation, and diet; its (supposed) lack of segregation and indiscriminate 'terrific' system of management and restraint. Much of what I shall be saying will, indeed, partially confirm the central thrust of Scull's critique, that classical treatment of the insane was essentially orientated towards the subjugation of deviance and informed by a view of the 'outrageous' maniac (at least) as a dangerous animal, and that this considerably legitimised the 'appalling' conditions in which the insane were often kept<sup>9</sup>. My major concern, however, shall be to add nuance and the more precise qualifications of detail to such stark, uncompromising visions of the environment of early modern Bethlem. Indeed, long before Scull locates 'an effort...to create an environment that

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<sup>7</sup> See Scull, *Social Order/Mental Disorder*, 52; William Belcher, *Address to Humanity, Containing a Letter to Dr. Thomas Monro...* (London, 1796), esp. 1-3.

<sup>8</sup> Scull, *ibid*, 51; & *Museums*, 63.

<sup>9</sup> See *Social Order/Mental Disorder*, esp. chaps 3 & 6. In Scull's own words 'controlling those who were no longer quite human.. had been the dominant concern of traditional responses to the mad'; 129. I would part company from Scull, nevertheless, in arguing for the existence of a genuine commitment to the care and cure of the insane at Bethlem.

removed the artificial obstacles standing in the way of the 'natural' tendencies toward recovery', efforts were being made at Bethlem with the same object in mind<sup>10</sup>.

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<sup>10</sup> *Ibid.*, 129. See, Andrews, 'Incurably insane', for brief hints on naturopathic theory and practice at eighteenth century hospitals.

## Bedding and clothing

In order to confront these issues pragmatically, let us begin by considering the bedding and clothing provided for patients at Bethlem and just how faithful a reflection of the reality of Bethlem is the popular image of the naked Bedlamite, picking straws. It is almost impossible to know exactly how many patients *were* unclothed or bedded on straw, on average, during the early part of the hospital's history, but it was certainly a large proportion. Things had got so bad in the mid-sixteenth century that, on one of the Governors' rare visits, 'divers' were found lying 'upon the bare boards'<sup>11</sup>. Throughout the period under consideration, patients' obligors were required by their bonds to provide or pay for patients' clothes and bedding, on top of their weekly maintenance fees. During the seventeenth century, however, the poverty of most patients and of the parishes and families who supported them, meant that this provision was often inadequate. While the charity, itself, and certain of its benefactors, occasionally supplied the deficit, such assistance was merely ad hoc, contingent upon limited funds, on the periodic visitations of its governors and on the discretion of its officers. Consequently, clothes and bedding were often dispensed belatedly, when patients had 'been waiting for an indeterminate time in [a]...state of dire and obvious necessity'<sup>12</sup>.

Beds and bedding were particularly sparse at old Bethlem. Yet far from every patient was left to languish upon straw. Humphrey Withers, Bethlem Porter 1633-54, had a personal supply of 'bedding and Linnen and other household stufte' which he dispensed 'about the said hospitall and the poore there'. That, in 1637, the Governors agreed to recompense him with as much as £10, in consequence of these articles having been 'worne out & spoyld by the p[ri]soners in Bethlem', suggests that his supply was not inconsiderable. There was no suggestion, however, that what had been ruined should be replaced for the prisoners' comfort<sup>13</sup>. A fair number of patients were clearly provided with beds at the hospital's expense, for, in 1676, all 'the old Bedsteads...for the Lunatikes' were removed to new Bethlem and those deemed fit by the Committee were salvaged for 'the new hospitall'<sup>14</sup>. Reed's comment that 'Straw was the only

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<sup>11</sup> See Allderidge, 'Management', 150.

<sup>12</sup> *Ibid*, 154.

<sup>13</sup> See *ibid*, 7 & 21 June 1637, fols 122 & 126-7. Withers had plainly provided these necessities for patients (largely) out of his own pocket. When the price for a Bethlem rug and blanket was still no more than 5/ by the end of the century, £10 would have sufficed to outfit a full capacity of inmates in 1637. But this sum was for more than just bedding; it was also partly designed to persuade Withers to stay on at the hospital. Withers had intended to quit but was persuaded to remain by the Governors; see chap. 5.

<sup>14</sup> *Ibid*, 22 March 1676, fol. 235. Staff were forbidden 'to dispose of any of' these beds, until they had been removed and inspected by the Committee, but the patients were not transferred for over 4 months and may have

bedding permitted' at Bethlem is illustrative of the hazards of relying disproportionately on literary evidence for historical assessments<sup>15</sup>. Once again, however, it was economy, rather than patients' comfort, which dictated hospital policy. Despite the more than doubling of the hospital's capacity by the move to Moorfields, initially only 21 extra beds were bought and ordered to be made for the new building. Combined with those salvaged from the old building, these could barely have catered for half of the incoming patient population<sup>16</sup>. It was generally only a minority of special cases; occasionally, those committed to Bethlem by royal, governmental or mayoral authority; or, standardly, those apprehended as vagrants without friends or other means of support; who were provided with bedding, clothing and other forms of relief, at the sole charge of the hospital<sup>17</sup>. Besides the new beds provided for patients in 1676, twelve of these charity patients were also bought a 'rug' (i.e. coverlet) each<sup>18</sup>. Likewise, Thomas Dunn, a mariner sent to Bethlem by the Privy Council in 1667, was maintained gratis and provided with 'twoe blanketts and a Coverlett...for his lodging' on his admission, although it was another seven years before even Dunn received a bed or any 'other necessaryes' from the Governors<sup>19</sup>. In addition, it was only a few patients found 'to be in greatest necessity' who might be provided by the Governors with such items<sup>20</sup>. I have discovered no mention of sheets being provided for patients by the hospital before the eighteenth century, although one assumes that some patients were graced with sheets. In the seventeenth century, sheets and other bedding seem to have been issued more often by the Bethlem Governors to staff than to patients<sup>21</sup>. Even at Bridewell,

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spent this interim period sleeping upon the hospital boards again.

<sup>15</sup> Reed, *Bedlam on the Jacobean Stage*, 34.

<sup>16</sup> Just 15 new bedsteads were ordered 'w[i]th all expedition for the Lunatikes...before their Removall'; another 6 were ordered 3 months later. See *ibid*, 21 July & 13 Oct. 1676, fols 277 & 293.

<sup>17</sup> See *infra*.

<sup>18</sup> *Ibid*, 13 Oct. 1676, fol. 293.

<sup>19</sup> *Ibid*, 25 Jan. 1667 & 18 April 1674, fols 29 & 632.

<sup>20</sup> For example, at the same juncture as Dunn was allowed a bed etc. in 1674, the Court ordered the Treasurer to provide in the same way for 'such other' as he and the Physician 'shall finde to be in greatest necessity', *ibid*, 18 April 1674, fol. 632.

<sup>21</sup> For entries in the Minutes concerning the issue of bedding to servants, see chap. 5.



sheets seem to have been a special provision reserved for sick prisoners<sup>22</sup>.

The provision of clothing to patients at old Bethlem was rather better organised and more generous than that of bedding. The Steward was enjoined in his articles to inform the Treasurer of any 'need' of 'clothing linen shoes stockings coats and gownes' and was to supply the lack as directed by the Treasurer<sup>23</sup>. Nor was the Court content for long simply to rely on the discretion of the Treasurer and Steward. From 1645, a Committee of three or more governors, carefully selected by the Court from amongst those members employed in the cloth trade (with others chosen by the Treasurer himself), were appointed every year 'to give advice & assistance' to the Stewards of both Bethlem and Bridewell 'in buying and p[ro]viding of [clothing etc.]...and other necessaryes for the said hospitalls'<sup>24</sup>. With the move to Moorfields, this function was assumed by the Bethlem Sub-Committee<sup>25</sup>. As with bedding, clothing was provided by the Governors almost exclusively for those 'poore Lunatiques...w[hi]ch have noe frinds to take care of them' 'and for whom noe bond is given to the hospitall for the Charges thereof', while these charity cases numbered no more than between seven and thirteen in the 1660s and 70s<sup>26</sup>. Furthermore, most of this clothing was ordered by the annum only, normally during August-December and merely as an exigency measure, to preserve patients from the worst inclemencies of the weather<sup>27</sup>. Prior to the winter months, even these patients must, indeed, have been left in a rather threadbare,

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<sup>22</sup> See e.g. case of Katherine Archer, who was ordered sheets in 1650 when 'sicke' and in the 'custody' of the Bridewell Matron; *ibid*, 18 Oct. 1650, fol. 469.

<sup>23</sup> *Ibid*, 4 Nov. 1635 & 23 Oct. 1643, fols 66 & 74.

<sup>24</sup> See *ibid*, e.g. 10 Sept. 1645, 21 Nov. 1645, 9 Sept. 1646, undated Court meeting sometime between 13 Nov. & 18 Dec. 1646, 31 Aug. 1647, 25 Aug. 1648, 26 Nov. 1658, 25 Nov. 1663 & 13 Sept. 1676, fols 215, 228, 274, 284, 317, 358, 80, 80 & 290. Amongst those appointed to the Committee, e.g., Dep. Withers and Melhuishe were drapers & Edmund Harrison was a broderer (elected 11 Sept. 1634, fol. 13). The Court was already moving towards this initiative in 1644, when Dep. Withers was asked, alongside the Treasurer, 'to provide such Gownes & Coates for the Lunatiques in Bethlem hospitall as they shall thinke fitt', but the actual appointment of a Committee had been originally proposed for the clothing of Bridewell apprentices, 4 months before it was adopted across the board for both hospitals. See *ibid*, 13 Dec. 1644 & 21 May 1645, fols 165 & 198.

<sup>25</sup> See e.g. *ibid*, 13 Sept. 1676, 24 May 1689 & 29 Nov. 1695, fols 404, 290 & 17.

<sup>26</sup> Even charity patients were rarely furnished with bedding. For the clothing of such patients, see e.g. *ibid*, 16 Dec. 1664, 28 Sept. & 19 Dec. 1666, 11 Sept. 1667, 25 Nov. 1668, 22 Oct. 1669, 3 Nov. 1670, 7 Nov. 1671, 10 Oct. 1672, 10 Oct. 1673, 6 Nov. 1674, 19 Nov. 1675 & 13 Sept. & 13 Oct. 1676, fols 125, 8, 26, 60, 117, 171, 240, 338, 449, 573, 62, 145, 290 & 293.

<sup>27</sup> See *ibid*, e.g. undated Court sitting between 13 Nov. & 18 Dec. 1646, 26 Nov. 1658, 22 Oct. 1662 & 26 Nov. 1663, fols 284, 80, 19 & 80, & *supra*.

semi-naked state. James Carkesse complained of being 'lodg'd' 'without either Shirt, or Cloaths', at Thomas Allen's Finsbury Madhouse, and the improvement in his attire at Bethlem seems to have been more the result of sympathetic gifts from visitors, than of the hospital's provision<sup>28</sup>. Nor were the Governors always sympathetic to the difficulties of some sureties in meeting the expense of clothing, on top of their weekly maintenance fees. When the Fellows of St. John's College Cambridge applied for an abatement of the weekly fee for the keeping of John Thamar, the notorious organist, in Bethlem, 'That soe they may better provide Clothes for him', the Court refused to consider the matter until the arrears were met<sup>29</sup>. The Governors were often more concerned that patients' fees were paid, than that they were adequately cared for.

Yet charity cases still comprised about a quarter of the total patient population at Bethlem in the 1660s and 70s. The policy of 'winter clothes' was common to contemporary poor relief, and was adopted by most metropolitan parishes and institutions supporting the poor insane (and other classes of paupers) in this period, whether at the homes of parish nurses, at alms houses, workhouses and madhouses, or at hospitals<sup>30</sup>. Indeed, the issuing of winter clothing to the mad at Bethlem and elsewhere, suggests one way in which contemporary practice was already, during the seventeenth century, belying the significance of traditional notions concerning the insensibility of the insane to the extremes of the weather and to general bodily discomfiture.

It would be a mistake to hold the Bethlem administration solely, or even primarily, accountable for failure to furnish patients with adequate bedding or clothing. This was fundamentally the responsibility of patients' parishes and friends, who, despite being legally bound to provide, often lacked the will and the funds. The officers of Bethlem were, no doubt, frequently rather lax in informing sureties of patients' needs in these respects, and relief was often retroactive, too little and too late. Patients were generally already 'in great want of Cloths' by the time their obligors were informed<sup>31</sup>. Nevertheless, letters admonishing sureties of their obligations to supply patients with clothing were sent by the Bethlem Steward on explicit instructions from the Court, in the 1660s, 70s and 90s<sup>32</sup>. Although these notifications occasionally fell on deaf

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<sup>28</sup> *Lucida Intervals*, 14, 44 & 49, & chap. 2.

<sup>29</sup> *BCGM*, 19 Dec. 1684, fol. 28.

<sup>30</sup> See e.g. *Ghall MSS 4215/2*, case of Henry Marshall, supported at Bethlem & Hoxton during 1743-54, esp. fol. 181, 15 Oct. 1751, 'Cloaths for Henry Marshall for Winter 10/11'. Marshall, like others of the sick poor & insane from metropolitan parishes, was generally outfitted with clothing sometime between the months of October & December.

<sup>31</sup> See e.g. *ibid*, 27 Feb. 1691, fol. 105.

<sup>32</sup> See *ibid*, 10 Feb. & 16 March 1664, 24 Oct. 1679, 27 Feb. 1691 & 29 Nov. 1695, fols 90, 93, 112, 105 &

ears and inevitably elicited a delayed response, the hospital authorities could be quite strict in outlining and enforcing the consequences of refusal. When four London and Middlesex parishes 'refuse[d] to buy clothes' for four of their parishioners in Bethlem in 1664, they were warned that, unless they did so, the patients would be discharged. After another month had elapsed, only Wapping seems to have persisted in its refusal, and its churchwardens were allowed just eight more days of grace before their parishioner was to be delivered to them<sup>33</sup>. In 1679, neglectful churchwardens were summoned before the Court to be reminded in person of their obligations, while in 1691 neglectful sureties were ordered to provide or be sued. The lunatics of Bethlem were not alone, amongst the patients of metropolitan hospitals, in going naked at the hands of their guardians and obligors. As belatedly as with Bedlamites, the churchwardens of S. Botolph Bishopsgate, for example, spent 5/ in 1695 'for A payre of Boddice for Ann Watts A poor Woman almost naked in St. Thomas's Hospitall'<sup>34</sup>. Despite going beyond Bethlem, in attempting to make the admission of patients conditional upon their outfitting with clothing, St. Barts and St. Thomas's faced very similar problems in achieving compliance with the ongoing obligations of bonds<sup>35</sup>. Moreover, although many patients were assuredly left to shiver at Bethlem, without (or with the barest minimum of) clothing and bedding, the extent of this failure on the part of both the Bethlem authorities and of parish officers has been overestimated by historians. Parish records reveal that many officers were, even in the seventeenth century, quite responsible in furnishing or paying for bedding and apparel for their lunatic members, both within and without Bethlem. By the latter part of the century, beds and bedding were often being bought and carried to Bethlem at the expense of metropolitan parishes, and prodigious amounts were being spent by parish officers on clothing bedding, and other necessities for individual patients. The items supplied, however, were often 'ould' or 'second Hande' and a parishioner's 'feather bed' might be considered 'to[o] good' for Bethlem, while patients were often 'Starke/quite naked'

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16-17, & *infra*.

<sup>33</sup> *Ibid*, 10 Feb. & 16 March 1664, fols 90 & 93.

<sup>34</sup> See also cases of 2 St. Stephen Coleman Street parishioners; Coshaw, given 5/ 'for Cloaths being Naked', in 1740; & Timbrell provided with shifts, a petticoat, shoes & stockings, at a cost of 11/, being 'almost naked'. The same parish spent around £124 just on clothing the poor in 1758. See *Ghall MSS 4525/17*, fol. 140, 12 Oct. 1695 & 4457/5, 30 April 1740, 16 Jan. 1747 & 1757-8 account, under 'Account of Disbursements'.

<sup>35</sup> Parish records are particularly illuminating in this connection. See e.g. cases of Margaret Young of St. Bride for whom a petticoat was bought in 1698 'lest they turn her out of ye hospitall'; Mary Roach of St. Stephen Coleman Street, 'Cloth'd to goe into ye Hospitall' in 1739, with a gown, petticoat, 2 shifts, 2 aprons, 2 caps, a handkerchief, shoes & stockings; *Ghall MS. 6552/2*, 4 Oct. 1698 & 4457/5, 14 Feb. 1739.

when provided with them<sup>36</sup>.

Benefactors to Bethlem were also appreciative, or were made so by their friends on the Board, of the hardships endured by patients exposed to the winter cold. In 1652, the Court of Governors devised a five year plan whereby five lunatics admitted 'out of the poorest parishes about London shalbee cloathed yearly betweene the first of November & the five & twentieth of December att the direcon of the Tre[asure]r', in order to reassure 'a Gentleman freind' of the Treasurer's that his intended donation of £30 would indeed reach the 'poore Lunatikes'<sup>37</sup>. Similarly, in 1690, the Treasurer acquainted the Court that a friend of the Governor and Cheapside Goldsmith, John Johnson, would give £50 to Bethlem 'p[ro]vided that out of the profits thereof The Governors...shall...deliver yearly sixe gownes for sixe poore Lunatikes'<sup>38</sup>. Just two years later, more money g ven 'for Cloths for the poore Lunatikes' in the form of a legacy from Margaret Hampton, widow, inspired the Governors to convert a cell into 'a repository or wardrobe', for the clothing of neglected patients at Bethlem<sup>39</sup>. Subsequent benefactions from 'Charitable persons' and governors over the next three years augmented 'the Wardrobe Fund' to a running total of £300, while a legacy of £60 from the Bethlem Apothecary, William Dickenson, in 1697, was also applied to the wardrobe.

Provision for the clothing and bedding of patients at Bethlem clearly improved following the move to Moorfields, when the hospital was making its demands more explicit and assumed increasing responsibility itself for the issuing of patients necessities, gradually relegating the role of sureties to that of paying for what had already been provided. The establishment of the Wardrobe and Wardrobe Fund in the 1690s went some way towards supplying the deficiencies of former years. Granted, this initiative is itself a measure of just how serious and extensive 'the Nakednesse and Sufferings of the Patients' had been and of the mixed motives that under-

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<sup>36</sup> See cases of Joan Malliot, Abraham Byard & Elizabeth Teare of St. Botolph Bishopsgate, & James Blewitt & Richard Townsend of S. Bride; *Ghall MSS 4525/7*, fols 60, 123-4, 151, 160; *4525/10* fols 153-4; *4525/17*, fol. 137; *4525/23*, fol. 136; & *6552/2-3*, accounts for 1683-4, 1695-6 & 1700-01.

<sup>37</sup> *Ibid*, 26 Nov. 1652, fol. 581. See also *ibid*, 28 May 1658, fol. 813, when the President acquaints the Court that another anonymous 'charitable Benefactor' had given him £10 'for the releife & clothing of the poorest Lunatikes in...Bethlem'.

<sup>38</sup> The 6 gowns were ordered made in March of the same year. Johnson may, himself, have been the donor: When 3 years later, he recommended the admission of the friendless Mary Burrows as a patient, without the customary security, to the President of the united hospitals and the Court consented to a maximum stay of 3 months, Johnson was referred to as 'a Benefactor to Bethlem hosp[ita]ll'. See *ibid*, 31 Jan. & 14 March 1690, 2 June 1693, fols 81, 31 & 247-8.

<sup>39</sup> For this and ensuing discussion, see *ibid*, 22 April & 11 Nov. 1692, 15 March 1695, 29 Nov. 1695, 26 Nov. 1697, 10 & 17 Oct. 1701, fols 170, 206, 476, 16-17, 150, 38 & 41.

lay the Governors' dawning sensitivity. As deeply as they were concerned that 'Patients have suffered very much from want' of clothes, the Governors were anxious about the 'considerable Extraordinary charge in Phisick and Surgerye' the hospital had been put to and the exposure of its 'Hono[ur] and Reputac[i]on...to Strangers'<sup>40</sup>. The Board's embarrassment, since the inauguration of the Wardrobe scheme, at the delay of over three years before it was put into effect and any clothes were actually issued, was also expressed in terms of a failure to 'assert' 'the Hono[ur] of the Hosp[ita]ll'. Yet the real failure, as the Governors alleged, had been one of non-fulfilment of bonds, despite 'the care...taken by the Officers in applying to the Securitye[s] for Cloths'. Furthermore, as the Board also recognised, 'divers persons doe and will finde their Lunaticks Cloths', while these clothes could be (and, indeed, were) re-used in the Wardrobe; for 'many Patients are discharged before the Cloths they bring in are worn out'. After 1695, those patients 'want[ing clothes]...and not...otherwise provided for' were supplied much more efficiently and expeditiously by the hospital with clothing out of the Wardrobe<sup>41</sup>. Patients without securities, or whose securities neglected to provide after written notice, were clothed anyway, at the Committee's discretion, and their securities billed retrospectively. While the hospital lost more money this way, being forced, for example, to forfeit arrears of £87 9/10 for clothing issued to 21 patients prior to 1712 (an impressive mean expenditure of over £4 per head), patients were at least not made to wait so long, under threat of expulsion, until they were clothed<sup>42</sup>. When, for example, in 1752, two securities 'Absolutely' refused to pay for the clothing and bedding of the patients for whom they were bound, one of them actually insulting the Steward 'for Demanding it', and the Committee elected to sue, both patients had already been outfitted by the hospital and been discharged or died<sup>43</sup>. At St. Luke's, in the same period, patients were actually dis-

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<sup>40</sup> See *BCGM* 29 Nov. 1695, fols 16-17.

<sup>41</sup> As before, it was issued by the Steward, at the direction of the Bethlem Committee.

<sup>42</sup> 8 of these patients had been committed on a mayoral warrant, without security, while for the other 13, either no bond had been given or the securities could not be located. While these patients were actually admitted over the period 1679-1711, none had been discharged, escaped or died, prior to 1704, and there is little doubt that all, or most, of these arrears dated from after the Wardrobe had been established. The arrears were included in 'An Account of Old and Desperate Debts to the hospital of Bethlem', submitted, alongside a like account for Bridewell, by the Auditors of both hospitals. This account does suggest, however, that short stay cases were provided for much better than long term cases. While most patients who had remained in Bethlem for less than 5 years had accumulated clothing arrears at a rate of between £1 & £3 p/a, those who had remained for over 20 years had only accumulated arrears of between 3/ and 13/ p/a, although arrears are by no means sure guides to rates of expenditure. See *BCGM*, 7 Nov. 1712, fol. 678.

<sup>43</sup> *BSCM*, 18 July 1752, 304.

charged if their securities failed to provide them with clothing without 'a Sufficient Excuse'<sup>44</sup>. Bethlem's provision for clothing was not confined to patients under cure. In 1768, the Steward was instructed by the Committee to 'provide all the Incurable Women Patients in this Hospital with Two Aprons in Case their friends do not provide the same'<sup>45</sup>. (Evidently, proper attire was already regarded as more important for female patients than for males, although, no doubt, patients would themselves have agreed with this verdict, as they did rather more emphatically in the 'domesticated' asylums of the nineteenth century<sup>46</sup>). As outlined earlier, part of the hospital's after care had, since the early seventeenth century, comprised the furnishing of apparel to patients on their discharge, and Tyson's Gift consolidated this casual charity into a much more extensive system of relief after 1708. Indeed, the Governor's efforts somewhat contradict the philosophy so associated with Bethlem of curing the insane by 'hard usage', or 'the ordinary discipline of the place'. Patients' 'diet' was indeed 'slender, their clothing coarse, their beds hard, and their handling [often] severe and rigid', as Thomas Willis preached it should be, in the latter seventeenth century. Yet this was partly a result of lack of funds and failure to fulfil the ideals of provision, on the part of the hospital, its patrons and its clients, as well as of a prevailing attitude to the insane as brutes and an accordingly brutal policy of care and therapy<sup>47</sup>. Furthermore, Willis's was not the timeless icon of Augustan medical opinion that historians have tended to take it for<sup>48</sup>. As early as the 1740s, practitioners were already offering contrary prescriptions, and declaring that the 'beds' of frenzied patients 'ought to be Soft'<sup>49</sup>.

By the period of Thomas Weston's Stewardship (1713-34), all patients' bedding and the great majority of their clothing was being furnished by the Steward, at fixed prices; the former, 'on their admission', and the latter, 'as occasion requires'<sup>50</sup>. Appendix 3b, which itemises the prices and composition of Bethlem bedding and apparel in 1749, demonstrates not only how

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<sup>44</sup> *SLHCM*, e.g. 29 May 1761, case of Mary Samm.

<sup>45</sup> *BSCM*, 16 Jan. 1768.

<sup>46</sup> See Showalter, *Female Malady*, 84-5, where she discusses the significance of female dress and personal appearance for Victorian alienists and women patients themselves (e.g. when having their photographs taken).

<sup>47</sup> See Willis, *Soul of Brutes*, 206.

<sup>48</sup> Indeed, it seems odd and revealing, despite the undeniable (though insufficiently gauged), influence of Willis's writings upon 'eighteenth-century discussions of insanity', that Scull should cite Willis's 1684 treatise as his primary exemplum. See Scull, *Social Order/Mental Disorder*, 57.

<sup>49</sup> Frings, *Treatise*, 45.

<sup>50</sup> See *Ibid*, 22 Jan. 1734, fols 324-5.

basic and expensive was the provision available, but how standardised it had remained<sup>51</sup>. In the seventeenth century, too, orders for the outfitting of charity patients detail 'Gownes Coates Shirts & Smockes' or 'shift[s]', 'Capp[s]' or 'hatt[s]', 'Shooes Stockings', and 'Woollen and Linnen Cloth'<sup>52</sup>. Yet, it would be unreasonable to expect a hospital at this date to provide a great deal more. The issue of handkerchiefs to women may even be seen as a rather extravagant concession to decorum. Indeed, a Bethlem outfit compares quite favourably in prices and range with provision at other contemporary institutions which catered for the sick poor. Moreover, during the first half of the eighteenth century, the Governors made generous reductions in these prices better to enable obligors to afford this provision. Between 1734 and 1749 bedding was reduced by a total of 11/6 (i.e. c29%), while clothing was reduced by 14/5 (i.e. c42%) for male patients and by 8/ for females (i.e. 25%)<sup>53</sup>. Economising on the prices of bedding and clothing seems also to have entailed diminishing its quality, however, while clothing made of linen cloth (i.e. flax) and baize was, anyway, some of the coarsest and cheapest on the market. When, nevertheless, an anonymous source complained in 1749 'that part of the ['New Samples' of] Cloathing and Bedding...is Improper', the Governors made a thorough investigation into the matter, dismissed the charge as far as the bedding was concerned and actually upped the allowances previously agreed for men's shirts and shoes, and women's shifts, in order to maintain a reasonable quality<sup>54</sup>.

The Governors attempted further to expedite the furnishing of patients with creature comforts in the 1750s. The Steward was not only required, henceforth, to submit a weekly account, organized by patients' names, of all the apparel and bedding he had supplied and of what nec-

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<sup>51</sup> See, also, *ibid*, 18 May 1748 & 19 July 1749, fols 365 & 410.

<sup>52</sup> See e.g. *ibid*, 10 Sept. 1645, 9 Sept. 1646, 31 Aug. 1647 & 16 Dec. 1664, fols 215, 274, 317 & 125.

<sup>53</sup> Those 'seeking releif from this Hospital' (meaning obligors, rather than patients), were informed of these prices by a notice displayed in the Committee room and, after 1735, 'in the passage leading from the front gate'. It was only from 1749 that notices were printed and 'a Copy...given to the Securities for the Patients on their Admission', and only in 1756, that copies were ordered 'delivered to [both] the Patients' friends...And also to the Bondsmen'. A xerox of one of these notices, found amongst a batch of loose vouchers dating from the 1760s and belonging to the churchwardens of S. Dionis Backchurch, is included as Appendix 3b. See *ibid*, 22 Jan. 1734, 18 May 1748 & 19 July 1749, fols 324-5, 364 & 410, & *BGCM*, 15 & 22 June 1749, in *BSCM*, fol. 127, & *BSCM*, 26 June 1756, fol. 2.

<sup>54</sup> *BGCM*, 1 June & 19 July 1749, fols 403 & 410, *BGCM*, 15 & 22 June 1749, in *BSCM*, fol. 2. The allowance for shirts and shifts (the cloth for which was deemed 'too Narrow'), was increased by 2d (although the Grand Committee had proposed a rise of 6d), while the allowance for men's shoes (which were found too 'Slight' or weak) was increased by 3d.

essaries were still 'wanting for the respective Patients the ensuing Week', but was also to make an inspection every Friday in order to record what patients needed. He was to report these needs to the Committee when it met on the following day<sup>55</sup>. The meticulousness and newly personalised tenor of these instructions is particularly striking. Although a rather prohibitive 'deposit' towards bedding and 'other Charges of the House' was, from 1760, levied immediately on patients' admission (increasing the outlay for private cases to £2 2/ and for public cases to £3 6d), while the price of sheets was raised in 1761 by 1/, at least patients were being better provided for than in former years<sup>56</sup>.

Ultimately, however, the Board was more interested in economy than in patients' comfort. On discovering that servants had taken it into their own hands to destroy the beds and bedding of discharged 'curables', the Committee ruled that these materials should be preserved until inspected by the Steward and should be appropriated to supply any want in the incurables' wards<sup>57</sup>. In one sense, this was merely prudent management. On the other hand, incurables were, thus, not only deprived of therapy, but also received an inferior standard of material relief. Likewise, Henry White's scheme to make a considerable saving in the expense of sheets by maintaining a permanent and re-usable stock of 440 sheets (i.e. two for every 'clean' patient), rather than issuing a new pair for every patient admitted, was eagerly adopted by the Governors in 1780, and White won plaudits and recompense three years later for the savings he had made<sup>58</sup>. Patients could have benefitted very little, however, from such parsimony.

In fact, it was only 'wet' and manic cases, prone to soiling, tearing or otherwise destroying their clothing or bedding, who were *supposed* to be confined without clothes (or with only a 'blanket gown' to cover them—hence the label 'blanket patients'), and bedded on straw, at Bethlem, as a matter of policy. Given the expense of such items, it is not surprising that, confronted with patients like the pensioner, widow Davies; transferred to Bethlem from Bridewell in 1638 as so:-

'distracted [that she]...doth teare her cloathes off her backe and soe misuse those that come about her that none will take upon them to keepe her since Elizabeth Pinfold was taken from

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<sup>55</sup> See *BSCM*, 26 June 1756 & 26 March 1657, fols 2 & 8.

<sup>56</sup> *BGCM* 3 July & 16 Aug. 1759, in *BSCM*, fols 221 & 229, & *infra*.

<sup>57</sup> *BSCM*, 16 Jan. 1779. See also *BSCM*, 9 Nov. 1793, fol. 178, where 30 blankets on the brink of being disposed of are ordered inspected by the Committee.

<sup>58</sup> The supplier's bill for sheets delivered in 1780/81 amounted to £81 6/, just £5 above the Steward's original estimate and only £20 was spent on sheets in 1785. See *Ibid*, & 19 July & 25 Oct. 1783, 6 July 1782 & 18 July 1785.



her<sup>59</sup>;

governors and staff preferred to deprive them altogether. Equally, it would be foolish to have a shocking impression of patients kept Houyhnhnm-like on straw, which was a matter of economy, practicality and convenience, and not a regime confined solely to Bethlem and the insane. Many of the inmates at Bridewell and other prisons were also kept on straw, as indeed were many sick and incontinent patients at other Metropolitan hospitals, almshouses and workhouses<sup>60</sup>. Not just the mad, but the sick and pregnant, and other burdensome vagrants, were often confined in worse conditions, with little more than a truss of straw, in parish cages. Straw was, indeed, exceedingly cheap. It was supplied to Bethlem for much of the period at just 15/ per load (i.e. per 36 trusses or 36 lbs), just 2/ more than the price in 1734 of a single Bethlem bed, while the Governors were careful to stress that the straw supplied must be 'sweete' (i.e. clean) or 'good rye straw', free of weeds<sup>61</sup>. Whereas patients, like James Carkesse, pleaded to be bedded on feathers, rather than straw<sup>62</sup>, *The Annual Register* of 1764, recommended 'the use of straw' in all London and Westminster hospitals, as superior to that 'of flocks and feathers', not just for reasons of economy, to supply the 'want of beds', but for reasons of hygiene:-

as straw may be much more readily changed, and at less expense, than feathers or flocks, and be freed from the Infection which they are liable to receive more or less from every sick person lying upon them<sup>63</sup>

Straw permitted urine to drain through to the bottom of patients' cribs, rather than soak into sheets and mattresses. Yet, even at eighteenth century Bethlem, most patients lay on sheeted beds rather than straw. At the beginning of 1780, the Steward calculated that out of a total capacity of 281 patients, only 61, or 22%, 'will be Patients who lye in Straw' and that all others

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<sup>59</sup> *BCGM*, 2 Aug. 1638, fol. 193.

<sup>60</sup> The Bridewell Matron testified before the Governors in 1698, when petitioning for a gratuity, that a greater number of women prisoners had been committed to Bridewell in recent times, who were generally of 'the very poorest sort', comprising a good many beggars and a more than ordinary number from the Sessions 'who have generally lain in the Straw'. Indeed, she complained that as a result 'the Prison has been...constantly infected with a Dangerous & contagious Distemper', while her usual profits from renting out her lodgings had suffered. See *ibid*, 9 Dec. 1698.

<sup>61</sup> Rye straw remained at 15/ per load for at least the duration of the period 1643-1716. See *BCGM*, 2 June 1643, 21 June 1650 & 22 Jan 1734 fols 42, 446 & 324, & *BSCM*, 27 March 1713 & 14 Jan. 1716, fols 117 & 248.

<sup>62</sup> Carkesse, *Lucida Intervalla*, 13, 44 & 46.

<sup>63</sup> *A.R.*, 1764, 71.

required 'Sheeted Beds'<sup>64</sup>. While 22% is still a large proportion and bedding was much sparser earlier in the period, patients were still better catered for at early modern Bethlem than popular images of the hospital would suggest.

The scale of this provision actually appears to have deteriorated in the decades following the exclusion of visitors. Whereas, according to the Quaker reformer, Edward Wakefield, in 1815, the proportion of blanket patients had remained about one fifth of the hospital's population, the Bethlem Steward, George Wallet, testified somewhat more reliably that 'about one third of the patients may be considered as dirty patients', although only about one tenth were completely 'insensible to the calls of nature'<sup>65</sup>.

Nor were governors and staff entirely oblivious to the need for cleanliness and hygiene in the bedding and clothing they provided for patients. The reason given by the hospital for its decision, during the eighteenth century, to supply all bedding itself and to cease entirely receiving what had formerly been delivered by obligors, was specifically 'to prevent Buggs being brought in bedding to the Hospital'<sup>66</sup>. It was on the same account, that Thomas Weston, whilst Steward (1713-34), had also 'refused to suffer' any 'Apparell...to be taken in' when sent by patients' friends, furnishing all clothing himself. Indeed, as was remarked earlier, materials supplied by patients' friends and parishes were often of an inferior quality. Evidently, however, the Steward's obstinacy where clothing was concerned had been resented by some obligors (whose expenses must necessarily have increased as a result), for, after Weston's death, the Governors restored the 'liberty' of 'the friends of the Patients...to [so] provide'. This, the Steward was to do, only in the event of 'neglect' and (indicative of the rising tide of medical authority), 'by order of the Treasurer Physitian or Surgeon'. In fact, the Steward had probably been more concerned with making his living out of the Wardrobe, being expected by the Governors to make a 'reasonable Profit'<sup>67</sup>, than with hygiene at the hospital, while the refusal to accept bedding from outside did not remedy the problem of bugs at Bethlem.

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<sup>64</sup> *BSCM*, 29 Jan. 1780.

<sup>65</sup> Wallet opined that incontinence was more prevalent amongst female inmates. See 1815 Madhouses Committee Report, 1st Report, 12 & 36.

<sup>66</sup> *BCGM*, 22 Jan. 1734 & 18 May 1748, fols 324-5 & 365. It is not apparent when exactly the independent supply of bedding was stopped, but it was clearly some time prior to 1734 and the initiative may well have been taken by the Bethlem Steward.

<sup>67</sup> See *ibid*, 19 July 1749, fol. 410. The Steward was also concerned to make a profit out of patients' bedding. When he protested to the Committee, in 1761, for example, that sheets cost him 6/6 a pair, but he was allowed to charge only 6/, the Governors raised the charge to 7/, giving him a profit of 6d a pair. See *BSCM*, 2 May 1761, fol. 29 & *BGCM*, 24 March 1762, in *BSCM*, fol. 377.

Rats too had plagued patients at both the Bishopsgate and Moorfields buildings. Indeed, the proverbial affinity of the insane with vermin; typified in the shape of Poor Tom, in Shakespeare's *King Lear*, for whom 'mice and rats...Have been food for seven long year'<sup>68</sup>, may have bred a degree of complacency to their presence in patients' cells. Patients themselves, however; even those, like James Carkesse, who were particularly susceptible to the symbolism of madness and might entertain the notion that:-

...*Rats and Mice*...

...by Instinct...Madmen know.

And therefore do them no harm;

when faced with the reality, 'fear'd' vermin more than they felt any kinship with them<sup>69</sup>. It was not until 1777, that the Governors recognised 'that the Numbers of Rats infesting this Hospital are a great Detriment as well as a Nuisance', and took any action to combat the problem. The discreet advertisement placed in the press by the Board, which appealed for 'Any Person to Undertake the Clearing of a *Large Building* [my italics]...from rats', in an obvious attempt to shield the hospital from public aspersion, offers a clue to the Governors' general unwillingness to *come clean about* conditions at the hospital<sup>70</sup>.

Yet bugs and rats were endemic to contemporary buildings housing the poor. By the latter eighteenth century, not just most metropolitan hospitals, but the royal family too, had their own bug destroyers and rat catchers<sup>71</sup>. Neither were the Governors and staff of Bethlem altogether neglectful of patients' reactions. The Bethlem Physician, Thomas Allen, 'Sent *Catmore* [i.e. a cat] in to Relieve' Carkesse from the '*Rats and Mice*' that 'swarm[ed]' in his cell at Allen's Finsbury Madhouse. When at Bethlem in the early nineteenth century, Norris was also given a cat, although not for his protection from rats, but because it 'amused him'<sup>72</sup>. From 1771, those patients discharged from Bethlem 'either Sick or Incurable', were required first to 'be Stripped and Examined' by the servant under whose Care' they were, to ensure that they 'be sent out from the Hospital clean and free from Vermin'<sup>73</sup>. Evidently, patients discharged as cured were

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<sup>68</sup> *Lear*, III, iv, ls 130-40.

<sup>69</sup> Carkesse, 'The Poetical History of *Finnesbury-House*', in *Lucida Intervalla*, 13.

<sup>70</sup> See *BSCM*, 17 May 1777.

<sup>71</sup> See Porter, *English Society*, 33; Woodward, *To Do The Sick No Harm*, 101.

<sup>72</sup> See *Lucida Intervalla*, 13; *Madhouses Committee Reports*, 1815, 1st Report, 89.

<sup>73</sup> *BSCM*, 21 Dec. 1771.

deemed capable of looking after their own bodily hygiene, while the Governors were, perhaps, more concerned about projecting a clean and orderly image of the hospital, than about the health of their charges when actually inside. No examination for lice on bodies or clothing seems to have been conducted on patients' admission, while these, and subsequent, sanitary measures taken at Bethlem were comparatively rather belated. The hiring of a salaried rat catcher (who was contracted by the Governors 'to attend once a Week or oftner if Occas[i]on require[s]') and a salaried bug destroyer to Bethlem, in the 1770s and 80s, might be interpreted as much as timely acts of modernisation, in line with the calls of contemporary hygienists and initiatives taken at other hospitals, as they are indices of the insalubrious conditions that had reigned at Bethlem for so long<sup>74</sup>. Yet a 'bug clearer' had been active at St. Luke's over thirteen years before one was employed at Bethlem<sup>75</sup>. On the other hand, Bethlem's close relationship with the other royal hospitals kept its administration more in line with general developments in the care of the sick at metropolitan institutions than might otherwise have been the case. Elsewhere, initiatives taken concerning the health and cleanliness of lunatics, whose diseases and dirtiness were conceived as rather more inveterate than the 'ordinary' sick, lagged even further behind initiatives taken at general hospitals. Guy's hospital had attempted to do something about patients 'grievous' annoyance 'with Buggs' as early as 1739<sup>76</sup>. Thorough going recommendations for improving the general wards; keeping them cleaner 'and free from vermin'; making them 'more airy and wholesome'; changing the wooden bedsteads for iron ones, '& c'; were not ordered implemented there, however, until 1785, while an addendum added to the index of the Governors' Minutes reveals that Guy's lunatic ward was totally excluded from these reforms, its management being left almost entirely to the whim of the keeper<sup>77</sup>.

Few of the aforementioned methods of extermination were very successful, of course. While the Bethlem Board was, understandably, as keen as ever to economize, requiring their rat catcher to teach one of the servants his art, and while the rat catcher was rewarded in 1778 for 'his

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<sup>74</sup> The first rat catcher appointed to Bethlem was Alexander Ballendine, hired, in 1777, on a salary of 3 guineas p/q; but, from June 1778, on a stipend of 6 guineas p/a, & from Sept. 1778, on 8 guineas p/a. Robert Roberts of Great Montague Court, Little Britain, was the first bug destroyer to Bethlem, appointed in 1786, on a salary of 3 guineas p/a, to keep the beds of both patients and staff 'clear of Buggs'. See *BSCM*, 17 & 31 May 1777, 6 June & 19 Sept. 1778 & 29 April 1786.

<sup>75</sup> Benjamin Noyes received £3 15/ p/a, from 1772, and 1/ p/bed, from 1784, for keeping St. Luke's 'clear of Buggs'. See *SLHCM*, 16 Oct. 1772 & *SLGCM*, 3 March 1784.

<sup>76</sup> *GCCM*, 24 May 1739, fol. 148.

<sup>77</sup> *Ibid*, 18 Oct 1785, fol. 111; 'Does not refer to management of Lunatics'.

Extraordinary Care in Performing his Agreem[en]t', his services were dispensed with just three years later, when his poison was found ineffectual by the Steward and basketmen<sup>78</sup>. New exterminators recruited by the Steward were little more effective<sup>79</sup>. When the Surveyors reported on the state of the hospital in 1791, they found 'The Bed-places in the Cells...not only much decayed but...[still] a harbor for Rats and other Vermin and...in such a state as to endanger the Health of the Patients'<sup>80</sup>. More importantly than their effects, however, such measures manifest an accentuated emphasis in the hospital's administration.

This enhanced concern for hygiene and for patients' health and comfort is a striking feature of the management of Bethlem in the latter eighteenth century, and is a development mirrored in the management of other contemporary hospitals, although asylums and prisons seem to have brought up the rear of sanitary and salutary reform. It was in the 1770s that the advocates of what Ignatieff referred to as 'hygienic regimen', such as John Howard, John Fothergill, John Pringle and William Smith, really began to raise their voices in a reformist assault upon the squalor and insalubrity of medical and custodial institutions, and only in the 1770s that surgeons and apothecaries began to be regularly employed in prisons<sup>81</sup>. Changing emphases in the administration of Bethlem and the insane are also linked to the themes of medicalisation and the ontological departure represented by the new sensibility, outlined earlier (see *supra* and chapter 2). Prior to the 1770s, patients had by in large been left to defend themselves against lice and rats at Bethlem and the growing appreciation of the sensibility of the insane and of the need to subject them more thoroughly to the ordering process of a medical regime, and less to the prying eyes of the public, gave a new priority to issues of comfort, health and hygiene. In 1793, for the first time, medical officers advised the Governors upon the type of clothing most suitable for patients and clothing was proposed for patients that 'might be...more conducive to their health and Cleanliness'<sup>82</sup>. Crowther, the Surgeon, was even entrusted to design 'such a Dress as he may think proper', although the inadequacy of patients' blanket-gowns was to be the

<sup>78</sup> Initially, the Governors agreed to pay Ballendine to provide only 6 traps and 2 wire cages, which can have been only a bucket to the ocean of rats in the hospital's 280 cells. See *Ibid*, 31 May 1777 & 30 June 1781.

<sup>79</sup> Ballendine's successor was George Cook of the Harrow & Anchor in Old St, who received the same salary. See *ibid*, 15 Dec. 1781.

<sup>80</sup> *Ibid*, 29 June 1791, fol. 29.

<sup>81</sup> See Ignatieff, *A Just Measure of Pain*, esp. 44-5, 59-62, 100-101; Sean McConville, *A History of English Prison Administration. Volume I, 1750-1877* (London, Boston & Henley, Routledge & Kegan Paul, 1981), esp. 76-7.

<sup>82</sup> It was patients' 'flannel Gowns' which were objected to by Thomas Monro and Bryan Crowther. See *BSCM*, 16 Nov 1793, fol. 178.

subject of considerable censure in the 1815/16 Madhouses Committee Enquiry<sup>83</sup>. On the other hand, as Ignatieff observed with reference to prisoners, outward cleanliness was also advocated as a means and manifestation of inner control, while the continuing stress upon discipline at psychiatric and penal institutions dulled any potential for a rapid or radical amelioration of conditions. The extension of hospital's responsibility for the outfitting of patients, also served the (rarely stated) object of imposing external conformity. Obviously, a hospital uniform was a potent manifestation of uniformity. In the eighteenth century, visitors commonly lamented the decline in the personal attire of those they knew, or merely observed, at Bethlem, but essentially saw what they expected to see, recognising the deterioration in the appearance of the insane as the inevitable sign and symptom of mental decay<sup>84</sup>. In some way then, for the author, John Taylor, when visiting the actor Samuel Reddish at Bethlem in the 1780s, Reddish's fall from his formerly graceful and 'sane state', when habitually 'dressed...like a gentleman', to the ' "shabby genteel" ', 'tinsel finery of a strolling actor', was entirely appropriate. The majority of observers in the nineteenth century, however, took the view of Flora Tristan, who berated what she saw as the 'unconcern' of the hospital's 'administration...with the state of the inmates clothes', and patients' permission to 'continue to wear whatever they had on when they entered the hospital', and even 'to go about in rags'<sup>85</sup>. Thus, the increasing uniformity of institutional clothing, and the refusal to accept bedding from outside into hospitals and prisons, along with the exclusion of visitors and unauthorised gifts, may be seen as another aspect of the institutionalising establishment of 'social distance', as much as it signifies the development of a salutary, comfortable and hygienic hospital environment<sup>86</sup>.

Beds, as (ordinarily) the only furniture cells contained at Bethlem, were the only thing for patients to sit on, and, being designed in the form of troughs, were far from comfortable, if not actually deleterious to patients' health. This was not acknowledged by the Governors, however, until 1777, when the Sub-Committee made a general inspection of patients in their cells and

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<sup>83</sup> See esp. 1st Report, 11-12.

<sup>84</sup> One only has to think of Hamlet's appearance before Ophelia 'with his doublet all unbraced, No hat upon his head, his stockings fouled, Ungarter'd, and down-gyved to his ankle' (II, i, ls 75-7), or Lear's tearing of his clothes in disgust at the material world and in identification with 'Poor Tom' (III, iv, ls 101-110).

<sup>85</sup> Taylor, *Records Of My Life*, 49; *The London Journal of Flora Tristan* (London, Virago, 1982), trans. Jean Hawkes from the French original *Promenades dans Londres* (1840 & 1842), 209.

<sup>86</sup> See Ignatieff, *A Just Measure of Pain*, 101-2. Speaking about Gloucester county prison, Ignatieff describes how strangers required magisterial authorisation to gain admission; next of kin could visit only once in 6 months and 'No food, bedding, books and furniture were allowed in from the outside.'

ordered 'small seats' to be installed in every cell<sup>87</sup>. It was another fourteen years before the Board admitted that patients' beds were actually unhealthy to sleep on and commissioned a new design from a Mr. Slatford, although the trough design was retained for its utility in draining off urine (and presumably for its cheapness). While these new 'Bed places', set up by 1793, were raised so close to the windows as to make patients liable to injury, the Bethlem Physician, Thomas Monro, acquainted the Committee of the danger and the Governors responded appropriately, instructing the Surveyor to make the necessary adjustments<sup>88</sup>. One of the greatest pleasures patients seem to have enjoyed at the Moorfields building, however, had been the opportunity of looking out of the windows (particularly those windows at the ends of the galleries). Moreover, the deprivation of patients' access to windows at Bethlem was justified by the nineteenth century, not on the grounds of health or danger, but of decorum, with the idea of shutting patients away from the inquisitive, derisive or simply sensitive, gazes of passers-by. In this sense the environment of Bethlem may indeed be seen to have been moving towards the Foucauldian notion of moral quarantine<sup>89</sup>.

#### Keeping 'the poore Lunatiques sweet and cleane'

Just how dirty and unhygienic a condition, then, had Bethlem and its patients previously been left in? When the Governors visited Bethlem, in 1598, they found themselves that 'the sayd house' had been left in such a state 'by the Keeper for that it is so loathsomly and filthely kept', that it was 'not fitt for anye mann to come into the sayd howse', let alone 'to dwell in'<sup>90</sup>.

<sup>87</sup> The Committee observed 'that they have no Seats or other convenience for resting themselves except their Beds w[h]ich from their make must be uneasy if not unhealthy'. Initially, 60 seats each for men and women were ordered fitted in May, but seating must have been installed in almost every cell within about 6 months, for in October the Committee ordered seats fitted 'in such of the Cells on the Womens side that have none'. See *BSCM*, 10 & 17 May, 4 & 18 Oct. 1777.

<sup>88</sup> *ibid*, 19 Nov. 1691 & 9 Nov. 1793, fols 42 & 176, & *BGCM*, 29 June 1691 & 19 Feb. 1793, fols 29 & 5. Bethlem did not follow suit with the general hospitals, like St. Thomas's, however, which had adopted iron bedsteads for the sake of health and hygiene; see Woodward, *To Do The Sick No Harm*, note 16, 190.

<sup>89</sup> The windows in the St. George's Fields building had originally been constructed to completely prevent patients from being 'expose[d]...to the view of passengers' and 'the sport of boys and others from the road', with the result that patients could barely either see, or be seen by, the outside world. This was the object of much censure in the 1815/16 Madhouses Committee Enquiry, indicating considerable diversions of opinion as to the degree of quarantine appropriate for the insane. Moreover, it was resented by patients themselves who had been transferred from Moorfields to St. Georges. Wakefield testified that 'The end window towards Fore-street was the greatest source of entertainment to the patients; they seemed greatly to enjoy the sight of the people walking, and to derive great pleasure from our visit'. See summary report, dated 11 July 1815, 6; 1st Report, 1815, 12, & 4th Report, 1815, 194.

<sup>90</sup> *BGCM*, 4 Dec. 1598, fol. 52; Alderidge, 'Management', 153.

Indeed, there is very little direct evidence in the Governors' Minutes that staff maintained, or even that the Board required, a very high standard of cleanliness at old Bethlem. Before the hospital's removal to Moorfields, I have found only three references to the cleaning of the Bishopsgate building or of the patients it housed<sup>91</sup>. The Governors issued no explicit ruling on how, or how often, cleaning was to be conducted until the eighteenth century. The only time a servant was praised or rewarded for this duty, was in respect of services specifically on behalf of the Governors, rather than the patients<sup>92</sup>. The primitive water supply at old Bethlem, comprising a single wooden cistern, located in the hospital's back yard, from which servants had to transport water by the bucket-full, was itself a disincentive to cleanliness.

Duties of cleaning and washing at Bethlem must generally, however, have been performed by staff (and patients) without the need for official instructions from the Court, while there is ~~scarcely~~ instance in the Minutes, after 1598, of any neglect discovered, in this respect, on the visitations of governors. The articles drawn up in 1635 and 1643 for the office of steward, reserved liberty not only for the Governors to lodge whatever 'distracted p[er]sons [they]...shall thinke fitt' in the Steward's house, but for other officers and servants to have free access 'for the clensing and making cleane of the p[er]sons that shall there remayne' (and 'to bring provisions')<sup>93</sup>. The patients were clearly at the forefront of the Governors' minds in 1657, when the old cistern was found '[in]sufficient' to supply the hospital and was replaced by a larger structure, lined with lead (to prevent leakage), 'to keepe water for the use of the poore Lunatiques'<sup>94</sup>. While, following the establishment of the New River Water Company in the early seventeenth century, the Governors had delayed in taking steps to supply Bethlem with 'River Water...any otherwise then the same now is', just a month after this pronouncement, the Treasurer was ordered to act quickly to obtain a constant supply of 'the New river water'. The Board plainly recognised that 'keepeing Lunatikes and hospitall house...Cleane and sweete' was a 'necessary provision'<sup>95</sup>.

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<sup>91</sup> See *ibid*, 4 Nov. 1635, 20 May 1668 & 22 Sept. 1669, fols 67, 93 & 166, & *infra*.

<sup>92</sup> After the Great Fire of 1666, when damage to Bridewell had obliged the Board to convene at Bethlem to conduct all its business, the Bethlem maid servant had been much busier, and was presented with 40/ in 1668 'for her extraordinary paynes & service in makeing cleane the Roomes & makeing fyres and doeing other necessary bussines for the Governors of...Bridewell att their Courtes & meetings'; *ibid*, 20 May 1668, fol. 93.

<sup>93</sup> *Ibid*, 4 Nov. 1635 & 23 Oct. 1643, fols 67 & 75.

<sup>94</sup> *Ibid*, 23 Sept. & 20 Nov. 1657, fols 828 & 836.

<sup>95</sup> *Ibid*, 25 Aug. & 22 Sept. 1669, fols 155 & 166. See, also, Bernard Rudden, *The New River Company: A Legal History* (Oxford, Clarendon, 1985).



There had been a 'washhouse' at Bethlem for the laundering of patients' clothes and bedding since (at least) the early seventeenth century, while in 1669, 'A Drieing Roome...for drieing the Lunatikes Clothes' was added<sup>96</sup>. Even in literary depictions of early Bedlams, charges for 'washing' (i.e. laundry) and the responsibility to 'keep' patients 'sweet' was conceived of as a standard part of the care of the insane, although patients were never charged separately for their washing at early modern Bethlem, while cells were probably swept clean more often than they were washed<sup>97</sup>.

It was the hospital's neighbours, not the Governors, however, who (in 1663) took the initiative in 'bringing New River Water into the...p[re]cinct'. Although the Board acknowledged that this was 'a necessary and A good worke' and agreed to contribute £10 to the expense (estimated at over £40) of piping, they viewed water primarily in terms of economics, rather than hygiene. Water was firstly a means of keeping rent-paying customers satisfied and of precaution against fire, rather than of keeping hospital and patients clean. Thus, originally, a supply of new river water was justified, solely as for 'the accomodacon of the hospitalls Ten[a]nts and the safety of the hospitall [from fire]'<sup>98</sup>. Even when, in 1669, the Governors did elect to supply the hospital as well, within five years they had decided to rebuild Bethlem at Moorfields. Patients could not have benefitted from a new water supply for long (if at all, for nothing seems to have come of the Governors' resolution)<sup>99</sup>. Although continent patients seem to have had access to a 'house of easement' (i.e. latrine), and 'a new vault and house of easement' were included in the hospital's extension of 1644, patients were largely reliant on chamber-pots (popularly known as 'piss-pots'), and the Bishopsgate building appears to have been served by only a couple of

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<sup>96</sup> For mention of the washhouse, see e.g. *ibid*, 13 Dec. 1644, fol. 164. The drying room worked through a circulation of warm and cold air supplied through dormers and by heat from the strawhouse over which it was erected. All three buildings were situated in the hospital's back yard. See *ibid*, 14 July 1669, fol. 149.

<sup>97</sup> See *The Changeling*, I, ii, ls 89-90 & 95. The 'sweeper' of Dekker's *The Honest Whore* (1604), an ex-patient employed at 'Bethlem Monastery' to 'swepe the madmens roomes, and fetch straw for 'em, and buy chaines to tie 'em, and rods to whip 'em', while harping back to the hospital's earlier history, can not have been far removed from practices at early modern Bethlem. It may have been in this capacity that Robert Teddar alias Bennett, was kept on at Bethlem in 1624, despite being only 'a simple fellowe', for he 'doth s[er]vice in the house', while patients of both sexes continued to assist the staff of Bethlem throughout the period. See *BCGM*, fols 368-9; Alderidge, 'Management', 159, and *infra*, 'occupation'.

<sup>98</sup> *Ibid*, 28 Aug. 1663, fol. 64.

<sup>99</sup> In fact, I have found no evidence after 1669 that any action was taken to obtain a supply of new river water for old Bethlem, although the Moorfields building was certainly supplied by the New River Company; see e.g. *BSCM*, 14 Sept. 1771.

vaults at most<sup>100</sup>. Generally in this period, of course, 'personal and public hygiene was largely disregarded'<sup>101</sup>. For much of the period, contemporaries urinated and defecated openly in the streets or their own fireplaces, and even in the corridors of palaces, and it was not until the Augustan age, when scented handkerchiefs and wigs upon shaven heads became à la mode for elite attire, that we begin to hear much of them turning away and stopping their noses at the sight and smell of the insane at Bethlem. While the Bethlem Board was keen to ensure the removal of 'filth' from the hospital precinct (see *infra*, 'Tenants'), there appears to have been more tolerance of filth within the hospital itself, where the elementary water supply and lack of latrines, combined with many patients' incontinence, meant low levels of expectancy for cleanliness. Prevailing images of the insane as dirty, slovenly creatures, needing to be bedded on straw and cleaned out occasionally like animals, must also have fostered a degree of resignation to filth. It was accepted that servants at Bethlem had a dismal, grubby job to do and, in 1675, the coat and breeches that were issued to every basketman, annually, at Easter were ordered to be made 'of a *sad* [my italics] muske Collo[r] in regard of their frequent Imployment in workes that will Soyle the same'<sup>102</sup>. The Court of Governors Minutes document patients' liability to the 'throwing of filth & Excrem[en]t' and other 'noysome things' 'into the yards' outside the hospital and dislodging the t'les outside their windows, in a way that considerably confirms the (particularly Swiftian) notion of Bethlem as a filthy hospital, where patients were left to 'dabble in their dung'<sup>103</sup>. Whether one interprets such acts as protests against the indignities of confinement<sup>104</sup>, or merely as symptomatic of the extremities of alienation, it is, perhaps, not surprising that patients left to share their cells with their own excretions were occasionally prone

<sup>100</sup> See *BCGM*, 29 Feb. 1644, fol. 96, which seems to be the first reference to the instalment of a vault and latrine at Bethlem during the period.

<sup>101</sup> See Stone, *Family, Sex and Marriage*, 62-3, 113-4, 171 & 304; Mark Jenner, forthcoming Oxford DPhil, & Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination* (Leamington Spa, Hamburg & New York, Berg, 1986), originally pub. as *Le Miasme et la Jonquille* (Aubier Montaigne, 1982).

<sup>102</sup> *BCGM*, 2 July 1675, fols 143-4. One should remember, however, that 'sad' colours were supposed to be worn by servants, as marks of sombre humility befitting their station, and that, from 1677, basketmen's coats were ordered to be made of charity blue.

<sup>103</sup> *BCGM*, 18 Aug. 1671 & 18 Sept. 1672, fols 334 & 445.

<sup>104</sup> Prisoners in contemporary (and indeed present day) prisons have made almost identical demonstrations of protest. In the 1777 Newgate riot, for example, 'all the windows and casements were demolished and thrown down into the square'. While a rationale might be accepted by early modern society for the behaviour of 'sane' prisoners, in terms of 'the length of time of their imprisonment, and their poverty' making 'them desperate', few rationales were offered to explain the behaviour of the mad, who were by definition 'desperate'. See *A.R.*, 1777, 196.

to throwing them over visitors and staff, or out of their cell windows. It was not until the 1670s that the Governors attempted to do something about this habit. The placing of tarred boards 'under the Dormers' and the installing of wire linings into patients' windows must, partially, have achieved the desired effect, although in another sense it did no more than keep patients' 'filth' inside the hospital<sup>105</sup>. The concern was merely with preventing the annoyance of 'Ten[a]nts', into whose yards such filth was flung, rather than with maintaining any standard of cleanliness and hygiene in patients' cells. Nearly a century later, patients were still thrusting 'rags Straw' and 'other Nastiness' through the wires of their windows at Moorfields<sup>106</sup>, and a contemporary side-view of Bethlem from London Wall illustrates the hospital windows littered with such items. The Governors' establishment of the removal of this 'nastiness' by servants as a standing order demonstrates the mixed motives that often inhibited their appreciation of patients' needs and of matters of health and hygiene. Windows were, thus, not simply to be 'kept light, and in good order', but also free of things 'which shall look unseemly to the streets'<sup>107</sup>, reflecting, once more, the Governors' preoccupation with public image, or what was formerly referred to as 'the cosmetics of charity' (see chap. 2).

Patients' own complaints, when (accustomed to a better class of accommodation, like the Jacobite, Richard Stafford), they were put 'down into a low, dark, narrow and stinking Room', also suggest that conditions at new Bethlem were mean and unhygienic. Nor should patients' testimonies that their subjection to such a regime was designed to compel their submission and to break their spirits be totally discounted<sup>108</sup>. Confinement to the hardship of 'strait room[s]'

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<sup>105</sup> Although the Board directed that these gratings be set up in 1671, no action was taken for over a year, when the Court was obliged to repeat its instruction. See ref. 90.

<sup>106</sup> *Ibid.*, 20 June 1765, fol. 133.

<sup>107</sup> *Ibid.* For more on the allowances made by the Bethlem Board for the access of light to the hospital, see *infra*.

<sup>108</sup> Stafford claimed to have been confined in these circumstances 'for seven Weeks and three days' in order to force him to sign an undertaking not to publish anything else against the Government, nor to come within the gates of the Court at Whitehall or Kensington. Although, as he himself admits, he spent a total of 8 months in Bethlem (4 Nov. 1691–22 June 1692), there is no reason to doubt that Stafford was, indeed, moved to another cell towards the end of his confinement, when discovered by the Board of Greencloth to be continuing to issue 'Scandalous' 'Pamphletts and Libells' and ordered by a letter (dated 11 April 1692) to 'be more closely Confined'. Stafford's overall interpretation of this move appears somewhat jaundiced and paranoid, but is clearly not without substance. Both Boards were patently more interested in silencing Stafford than in curing him. See *BAR*, fol. 140; *P.R.O. MS. LS 13/105*, fols 69, 70 & 73, letters dated 4 & 11 Nov. 1691 & 11 April 1692. Stafford's undertaking is reproduced in his own *Because to many People, I have seemed to falsify my Word and Promise, which I made upon my being discharged out of Bethlehem Hospital* (London, c1692), 2. See, also, *infra* chap. 6 and Carkesse's *Lucida Intervals*, for more on cure as a matter of hard usage and submission to authority.

or lousy 'Kennels' was viewed by many contemporaries as efficacious in reducing the insane to a right mind, or (literally) taming their animal spirits<sup>109</sup>. The experiences of Stafford, Carkesse, Metcalfe and others, also reveal that some cells were worse than others at Bethlem, and that the environment of patients was partially dependent on their behaviour, their relations with staff, their status and their means of purchase. Jacobean literature represents the friends of patients (and more especially, patients of genteel status) bargaining with the keepers of Bedlam to obtain 'good attendance and sweet lodging'<sup>110</sup>. While such bargaining was more germane to private madhouses than to Bethlem, where conditions were generally too uniform and those admitted generally too poor for radically superior accommodation to be obtained, the Governors' Minutes do document the odd instance of preferential treatment (see *infra*, chap. 6). Patients who were well connected or well behaved (and possibly even those who drew the crowds) might actually be promoted to a better furnished cell. James Carkesse described his rise to a higher 'degree' at the 'University' of Bethlem:-

Among the common *Herd* at first he's enter'd  
After into a Room, with windows ventur'd<sup>111</sup>

Special or private cases lodged in the Steward's house at old Bethlem like Lady Eleanor Davies or Robert Phillips, were certainly catered for in greater comfort. Exceptionally, even poor relatives, like William, husband of the patient Emma Kitchenman, might prefer to secure an abatement of their weekly fees, by themselves undertaking to 'allowe...Cloathes and washinge and a woeman to shift' the patient<sup>112</sup>.

Water supply and waste disposal was somewhat improved at new Bethlem, where staff and patients (sooner or later) had the use of cisterns on every gallery, except the upper floor, and even in the basement, although it is by no means clear how rapidly cisterns were installed<sup>113</sup>.

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<sup>109</sup> See e.g. Steele, *The Tatler*, No. 162, 22 April 1710, 404-5; Thomas Willis, *Soul of Brutes* (1672, trans. 1683), 192.

<sup>110</sup> *The Changeling*, I, ii, ls 85-116. See, also, *Northwood Ho*, IV, iii, ls 142-9, where Bellamont's friends emphasise his gentlemanly status, promise a handsome reward for his cure and 'beseech' his keeper to 'Let his straw be fresh and sweet'.

<sup>111</sup> *Lucida Intervals*, 50.

<sup>112</sup> See *ibid*, 3 Jan. 1638, 2 June 1641, 15 Feb. 1642, fols 154, 370, 336 & *infra*, chap. 6.

<sup>113</sup> At least one of these cisterns was not installed until 1685, nine years after the patients had been transferred to the Moorfields building. In July of this year, the Saturday Committee, having been told to consider the expense of a cistern, was ordered to agree a contract with workmen for its erection. See *BCGM*, 3 & 17 July 1685, fols

'Boghouse[s]' or 'Seats for Easement' with cisterns and sewer outlets attached were also located in the yards at either end of the hospital and were additionally installed during the early eighteenth century in the stove rooms for both sexes. Indeed, it may be a surprise to historians that, at both buildings, patients had recourse to facilities beyond their piss pots. The provision for latrines seems to have been more adequate at the Moorfields building, and although not always in good repair, the Governors did show themselves responsive to the need to extend this provision and for proper maintenance<sup>114</sup>. In 1766, however, the Steward paid 7/6 for '15 Days Laboures Cleaning ye Necessarys both Men & Women', a Herculean labour which does more to suggest how bad things had been allowed to get, than to recommend the hospital's attention to hygiene<sup>115</sup>. The lack of cisterns at the top of the house (or pumps to supply them), was a serious inconvenience and discouragement to cleanliness there and to the functioning of the upper privies in particular, while Bethlem was still served by only two vaults located on either side of the Moorfields building. This situation had not altered by the end of the period, when the philanthropist and prison reformer, John Howard, remarked with disdain upon the absence of any 'water [supply] in the upper floor' and on the inadequate number and 'very offensive' state of the vaults<sup>116</sup>. Indeed, Bethlem suffered by comparison with St. Luke's, where Howard found 'many cisterns on the top of the house' supplied by 'four...forcing pumps', and 'a vault' 'in each gallery'<sup>117</sup>. Two years after the publication of Howard's account, in a lengthy report on the generally dilapidated and decaying condition of the Moorfields building, a Committee of Surveyors condemned the 'bad state' of the privies as 'a General Nuisance'<sup>118</sup>. Even in the midst of a stronger climate of

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89 & 94. There is no record of the installation of cisterns in surviving plans and specifications pertaining to the original construction of the Moorfields building, although the reports of the Bethlem Building Committee do not survive and are not fully reproduced in the Court Minutes. For cisterns in the hospital's cellar, see *BSCM*, 30 Jan. 1720, fol. 68, where the cistern in the east end cellar is ordered replaced being Old & not fitt for use'.

<sup>114</sup> For mention of the repair and additional installation of 'Boghouse[s]', cisterns and sewers, see e.g. *BSCM*, 26 Nov. 1715, 24 March, 7 April 17 May 1716, 26 July 1754, 25 Oct. 1777, fols 203, 215, 217, 222, 486.

<sup>115</sup> *Stewards' Accounts*, 26 July-2 Aug. 1766.

<sup>116</sup> Howard, *An Account of the Present State of the Prisons, Houses of Correction, and Hospitals in London and Westminster...*, 33 & *An Account of the Principal Lazarettos in Europe: with Various Papers Relative to the Plague: Together with further Observations on some Foreign Prisons and Hospitals; and Additional Remarks on the Present State of Those in Great Britain and Ireland*, 139 (London, 1789), 33. The Governors had themselves found the floor of the women's vault 'decayed & rotten' and been obliged to order its repair, in 1716; while on viewing the hospital in 1766, the surveyor had found its basement vaults extremely defective. *BSCM*, 12 May 1716 & 31 May 1766, fol. 221 & nfn.

<sup>117</sup> *Ibid*, 34.

<sup>118</sup> In fact, the poor state of the privies had originally been reported and ordered amended in 1790. See *BGCM*,

concern for matters of hygiene and 'the health of Patients' which was prompting a much closer consultation of the opinions of medical staff (see *infra*), it was another six years before, under the directions and advice of the Surveyor and Physician, steps were taken and completed to amend the privies' 'bad construction', defective walls, dirty drains and lack of water supply<sup>119</sup>. In fact, the Moorfields building had originally been constructed altogether in undue haste, dogged by shoddy workmanship and bickering amongst the Governors and their workmen. When in 1674 Sir William Bolton had most vociferously, amongst a number of governors, criticised the materials and workmanship in the new building (concerned, in particular, about dampness and subsidence), a special committee of governors, city surveyors and builders, had vindicated the workmen and building committee and the Court passed a vote of censure on Bolton, declaring his 'Reflections' 'false and scandalous' and his 'ends' 'private and sinister'<sup>120</sup>. Yet the Board seems to have been almost as worried about Bolton having 'blaze[d] the same abroad' as about the accuracy of his charges. While Bolton was restored by means of his interest with the King; 120 years later, by which time the building had become extremely dilapidated and the Board sufficiently removed to be more objective; on the contrary, a contemptuous (if slightly unfair) verdict was declared upon the original workmanship and materials used<sup>121</sup>. Conditions were even worse, however, at many other hospitals and prisons in early modern Europe. Tenon's description of his visit to L'Hôtel Dieu in the 1780s recounts a disgusting catalogue of decay, stench and filth, at a hospital which catered for nearly 600 patients with just five lavatory seats<sup>122</sup>.

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28 Aug. 1790 & 29 June 1791, fols 19 & 29.

<sup>119</sup> The walls were ordered demolished, the drains cleaned and a well sunk for supplying a reservoir for the use of the new privies, in 1796, after Thomas Monro had opined 'that the health of Patients wo[ul]d be much less likely to suffer if an improvement were made in the Privies & by an additional supply of water'. The work was not finished, however, until after May 1797. For this discussion, see *ibid*, 19 Feb. 1793, 20 Sept. 1796 & 3 Feb. & 10 May 1797, fols 5, 66, 70 & 75, & *BSCM*, 20 Aug. 1796.

<sup>120</sup> For this discussion, see esp. *BSCM*, 27 Nov. & 4 Dec. 1674, 23 Dec. 1674, 31 March, 16 & 30 April & 19 May 1675; fols 71, 75-6, 81, 115, 120, 125 & 129; Hooke, *Diary* (eds), Robinson & Adams, 13 April, 7 & 12 Oct. & 30 Nov. 1674 & 1 April 1675, & chap. 4.

<sup>121</sup> A published survey of 1799 concluded, *inter alia*, that, 'the materials, with which all the original walls...were constructed, are bad', and that 'the first and largest part of the structure was hurried and put together, with inconsiderable zeal'. See *Report respecting the present State and Condition of Bethlem Hospital* (London, J. Richardson, 1800), 3-14; see, also, surveyor's & workmens' reports during the 1790s in *BSCM*, 28 May, 29 June 1791, 14 March 1792, fols 24, 26-42, 47. The Governors were, however, rather tardy in recognising that the hospital needed to be re-built.

<sup>122</sup> See Corbin, *The Foul & the Fragrant*, 52; Jacques-René Tenon, *Mémoires sur les hôpitaux de Paris* (Paris, 1788), 208.

At both Bethlem buildings, visitors and patients themselves had complained of 'noisome' stench, and the odour of Bethlem and other early modern hospitals is an important part of 'the world we have lost' which defined their peculiar ambience and which one must be at pains to reconstruct<sup>123</sup>. Indeed, old Bethlem was built over a regularly blocked common sewer, while new Bethlem suffered from steady subsidence upon the site of the old city ditch (known as 'deep ditch'), which had been used as a dump for inhabitants' rubbish and waste<sup>124</sup>. Carkesse satirically accused the Bethlem physician, Thomas Allen, of striving 't'out-stink' this 'Ditch' with his '*Phys*' (i.e. physic)<sup>125</sup>. James Tilly Matthews, in Bethlem from 1797-1814, also felt himself assailed by all kinds of 'putrid effluvia', although, clearly, not all of these emanated from the hospital itself<sup>126</sup>. Smells emanating from the hospital sewers had continued to be a source of offense into the nineteenth century, although when quizzed on the matter by the Madhouses Committee, the Bethlem Steward objected that 'dirty patients' were more to blame, an opinion which agrees with the reactions of most visitors to the hospital<sup>127</sup>. The repellant 'odours of incarceration' were almost universal, however, to early modern institutions. In fact, the isolation of patients in separate cells at lunatic hospitals like Bethlem must have preserved them and their visitors somewhat from the noxious fumes of 'crowded bodies', which were the constant source of revulsion for the inmates and frequenters of the crammed wards and cells of contemporary

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<sup>123</sup> For more on the significance of odour, see *ibid*; Mark Jenner, forthcoming Oxford DPhil thesis; Patrick Suskind, *Perfume*, (Middlesex, King Penguin, 1987), originally pub. as *Das Parfum* (Zurich, Diogenes Verlag A. G., 1985).

<sup>124</sup> See *Report re. the State of Bethlem* (1800), 4.

<sup>125</sup> *Lucida Intervalla*, 'A Dose for the Doctor', 32.

<sup>126</sup> The effluvia which Matthews imagines to be emitted from an enormous Air Loom situated beneath the hospital and assaulting, not just its inmates, but the country's leading politicians, include 'effluvia of dogs — stinking human breath.. stench of the cesspool — gaz from the anus of the horse — human gaz' etc. More interestingly, Matthews seems to agree with Carkesse about the offensive stink of contemporary physic: 'Effluvia of copper — ditto of sulphur — the vapours of vitriol and aqua fortis — ditto of nightshade and hellebore...'. His statement that 'this disgusting odour is exclusively employed during sleep', however (and much of the delusional system Haslam faithfully illustrates), suggests Schneiderian First Rank symptoms of schizophrenia, as much as it indicates patients' peculiar sensitivity to the stench of the hospital when locked up in the confines of their cells at night. See John Haslam, *Illustrations of Madness* (London, 1810), ed. Roy Porter (Tavistock Classics in the History of Psychiatry: London & New York, Routledge, 1988), xxxii & 28. Dr. Robert Howard has demonstrated in an unpublished paper ('Air-Looms, Pneumatic Chemistry, and Magnetic Mind-Control: First Rank Schizophrenic Symptoms in John Haslam's Account of James Tilly Matthews') how closely Matthews fits the Schneiderian schizophrenic model.

<sup>127</sup> See *Madhouses Committee Enquiry*, 1st Report, 1815, 37.

hospitals and prisons<sup>128</sup>. Moreover, the wave of disgust and disdain increasingly given vent to by those who smelled and observed the incarcerated multitudes at Bethlem and elsewhere (and the hovels of the poor in general), must be located within the context of what Corbin has termed 'the olfactory revolution'. I.e. a mounting intolerance for filth and stench, which far beyond its therapeutic motivations, espoused 'deodorisation' and sanitisation as a means of reducing and ordering the distinguishing stigmata of the poor, the mad and the socially undesirable<sup>129</sup>.

When the much travelled German, Von Uffenbach, had paid a visit to Bethlem in 1710, however, he concurred with Swift, finding that the hospital 'is kept in a rather slovenly manner', although adding that 'the females', in particular, 'look utterly repulsive' and colouring his account with more than a hint of chauvinism and elitist condescension<sup>130</sup>. Patients were not simply left during the Augustan period, however, to (as Swift put it) 'stare and stink together'<sup>131</sup>. As early as 1684, the new matron was instructed on her actual appointment to Bethlem 'that shee must be carefull and diligent to see that the poore Lunatikes there be kept sweet and clean and...have all things necessary for them'<sup>132</sup>. Much more must have passed verbally between the visiting committee and staff or have been tacitly understood. Of course, the absence of established and explicit specifications concerning cleanliness allowed considerable scope for neglect. The 1677 list of standing orders compiled for staff at the Moorfield's building did not even mention any responsibility to clean the hospital. Yet servants realised well enough, when obliged to submit their own apprehension of their duties to the Court, in 1736, that they were required 'To clean the Cells, Gallerys, Chequer and Stairs' and 'To Shift the...Patients once a Week'. In addition, the maid servants acknowledged their extra duties 'To clean...the Committee Room...and other parts in the Middle of the House' and 'To help', not only 'to Wash', but to 'Iron the Linnen of all the Patients'<sup>133</sup>. Much of the laundering, however, was done by 'the poor patients friends'

<sup>128</sup> See e.g. Corbin, *The Foul & the Fragrant*, esp. 49-53.

<sup>129</sup> See *ibid*, esp. chaps 4 & 6, 'Redefining the Intolerable' & 'The Tactics of Deodorisation', 57-85 & 89-110.

<sup>130</sup> Von Uffenbach, *Travels in London*, 51; see, also, John Dryden, 'The Medal. A Satyre Against Sedition' (1682), in *The Poems of John Dryden* (Oxford, OUP, 1958) ed. James Kingsley, 261, l. 285; 'A Heav'n, like Bedlam, slovenly and sad'.

<sup>131</sup> Swift, *Legion Club*, l. 154.

<sup>132</sup> *BCGM*, 2 May 1684, fol. 421.

<sup>133</sup> See *ibid*, 30 March 1677 & 6 May 1736, fols 356-61, 379, 388 & 391-2. According to the latter set of duties, however, it was the Nurse, alone, who was required to shift all women patients.



themselves, who attended periodically 'to bring clean, or take away foul Linnen from them in Bethlem'<sup>134</sup>. While this lends further testimony to the openness of the environment of the early modern hospital and of Bethlem in particular, so divided a responsibility may have prolonged the periods that patients were left unchanged, in filthy clothing. The employment of laundry women at Bethlem by (at least) the 1760s must have improved the cleanliness of clothing and bedding<sup>135</sup>. Parish records also document, on occasion, the washing of parishioners' clothing on their admission to Bethlem and to other city hospitals, although, thereafter, parishes almost invariably relied on the hospital to wash their members' clothes<sup>136</sup>. Patients themselves were regularly employed in the laundering and cleaning work at the hospital, and the Stewards Accounts reveal much about such activities which is absent from the ordinary minutes<sup>137</sup>. The eyes of public visitors upon the hospital also operated, if in a rather limited way, as a spur to cleanliness. The panegyrical *Bethlem. A Poem*, allegedly written 'By a Patient' and sold as a broadside to visitors in the 1740s<sup>138</sup>, advertised that:-

The Beds and Bedding are both warm and clean,  
Which to each Comer may be plainly seen

Thomas Bowen was claiming the same thing, however, forty years later, when public visiting had been curtailed<sup>139</sup>. Indeed, on the contrary, it was with the *decline* of the public's surveillance of Bethlem that cleanliness emerged as a real priority at the hospital. Calls for hygiene grew more insistent, not merely out of developing theories concerning the generation of putrid distempers, but alongside a growing sensibility and insistence upon outward decorum, which began to challenge former assumptions that the squalid conditions of the poor, sick and insane were unavoidable, or even appropriate, and sought to impose cleanliness as (next to godliness)

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<sup>134</sup> *Ibid*, 27 Jan. 1742, fol. 135.

<sup>135</sup> It is not clear when exactly washer women first arrive on the scene at Bethlem. The first reference to them located, thus far, is not until 1765, but there is no doubt that they had been working at the hospital for some time before this. See *ibid*, 20 June 1765, fol. 135.

<sup>136</sup> See e.g. case of Joan Malliott of S. Botolph Bishopsgate whose 'linnen' was washed at a cost of 5/ to the churchwardens on her entry into Bethlem in 1687; *Ghall MS 4525/7*, fols 60 & 123-4.

<sup>137</sup> See *infra*, 'occupation'.

<sup>138</sup> See appendix 4a

<sup>139</sup> Bowen, *Historical Account*, 9.

one means of subjugating the signs and symptoms that had marked these groups out so visibly as disordered.

Without doubt, there was a significant hard core at Bethlem of what governors and staff referred to as 'wet', 'dirty' or 'highly irritated' patients, for whom it was generally accepted little could be done by way of comfort and cleanliness, and who were indeed left, by in large, to 'stare and stink together'. It was the cells of such patients that the (above-mentioned) patient-poet excepted from his eulogistic portrait of a generally clean and well managed hospital:-

Except those Rooms where the most Wild do lie;  
There all is torn and litter'd like Hog Sty

Conditions for these patients, protected from the cold by (at most) a single blanket gown, chained singly to their straw beds or collectively against the tables, forms or walls of the warming or 'side rooms' at the hospital, were assuredly squalid in the extreme. The methods used to deal with incontinent and destructive patients tended, as the Lunacy Commissioners found at nineteenth century asylums, towards confirming bad habits and accepting such habits as incurable<sup>140</sup>. John Monro expressed resignation to the insensibility of patients, who he witnessed 'for months (I may say years) together, not suffering even a rag of cloaths on [them]...lying in straw...without shewing any signs of discontent'<sup>141</sup>. According to this philosophy, no comfort could possibly be appreciated by such cases. Although Monro, like Battie, recognised 'cleanliness as a necessary article' in madness 'or any other distemper', his complacency about the obvious nature of this point is at odds with the conditions under which some of his patients were kept at Bethlem<sup>142</sup>. The evidence of the Bethlem Steward, Matron and servants at the 1815/16 Madhouses Committee Enquiry argues very strongly that patients' propensities towards soiling themselves and tearing their clothes were aggravated by the high levels of restraint and the inactivity of patients at early modern Bethlem<sup>143</sup>. Yet these habits continued to be

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<sup>140</sup> For this observation, see Edward Hare, 'Old familiar faces: some aspects of the asylum era in Britain', in *Lectures on the History of Psychiatry. The Squibb Series* (eds) R. M. Murray & T. H. Turner (Oxford, London & Northampton, Gaskell, 1990), 96.

<sup>141</sup> Monro, *Remarks*, 6.

<sup>142</sup> *Ibid.*, 39; Battie, *Treatise*, 69. Battie had stressed that 'the patient's body and place of residence is carefully to be kept clean' and his 'air...dry and free from noisom steams'.

<sup>143</sup> George Wallet and Elizabeth Forbes claimed to have effected a great improvement in patients' habits and cleanliness, by getting them out of bed and removing their chains (or restraining them for much shorter periods). The cases of the patients, Miss Stone and Brooks, commented on by Forbes and the basketman, John Blackburne, also suggest that destructiveness and dirtiness was often a product of being chained and prevented from any form of activity. See 1st Report 1815, 40, 58-9; 1st Report 1816, 40, 55-6 91.

a problem for asylum administrators and staff well into the twentieth century and, as Edward Hare has argued, it is by no means clear how far their decline can be attributed to the use of moral/behavioural therapy and improved nursing, to 'the introduction of [new, e.g.] neuroleptic drugs' or to 'an amelioration in the schizophrenic process'<sup>144</sup>. Bethlem clothing was coarse and uncomfortable, while hospital issue may have been experienced as demeaning by some patients, but many patients had a history of tearing their own clothes before their committal<sup>145</sup>. One suspects, nevertheless, that improvements in hygiene; in patients' diets and in the state of their general bodily health on admission; and the debunking and relinquishment of evacuative medicine and theories concerning either the innate dirtiness, or even costiveness, of maniacs; were more immediate causes of the decline of incontinence in asylum patients, than any specific change in the nature of mental illness itself (although the significance of dietary factors in psychiatric disorders has, itself, often been neglected by historians).

Furthermore, as previously demonstrated, it would be a mistake to class wet or destructive patients as the majority at early modern Bethlem. Nor is there any evidence that even these patients 'were given only excrement-sodden straw'. If Strype's claim in 1720 (on Tyson's authority), that 'they are every Day provided with fresh and clean Straw', seems like wishful thinking, the reality was probably somewhere between these two extremes<sup>146</sup>. At the 1815/16 enquiry, the Bethlem Steward had claimed that straw was removed whenever wet, while the Matron had testified that straw was changed 'every other day, but if it is wet at all it is changed every day'. After grilling, however, both admitted that it was only the 'top [or wet] straw' which was changed daily, and that the rest was retained and only changed (at most) once a week. Indeed, the Matron maintained that this had been the practice before her arrival, and it is likely that a similar arrangement had prevailed in Tyson's day. Foul straw had also, in fact, been used to heat the stove/side rooms at the hospital, but however economical this proved, it can have done little to enhance cleanliness<sup>147</sup>. Nevertheless, while standards were not as high as the hospital's promoters and staff would have it believed, things were clearly not as bad as many historians

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<sup>144</sup> *Ibid.*, 93-8.

<sup>145</sup> Indeed, this qualifies Hare's point that permitting patients to wear their own clothes constituted a powerful reason for not tearing them'; *ibid.*, 96.

<sup>146</sup> See Saunders, *Ancestors*, 31; John Strype, *A Survey of the Cities of London & Westminster... Written at First... by John Stow* (London, 1720), i, 195. The claim was repeated, in a description of Bethlem contained in *The Royal Magazine* of 1761 (p. 60), but the entire piece was cribbed almost verbatim from Strype.

<sup>147</sup> *BSCM*, 24 April 1790.

have supposed.

Awareness of the need for standards of cleanliness was actually being heightened over the half century prior to 1815, and novel directives from the Bethlem Governors do seem (if only marginally) to have bettered conditions at the hospital. While it was only in this period that the Bethlem Board began to become very insistent about matters of hygiene and cleanliness, it was not until then that these matters became an emphatic concern of contemporary (especially, non-conformist) physicians, philanthropists and institutional administrators, as miasmatic conceptions of disease began to reach the fore of medical treatises and reformist tracts. Dirt and bad air were increasingly owned and denounced as the fount of hospital and jail fever, and of the high mortality rates in these institutions<sup>148</sup>. This enhanced concern with hygiene is especially apparent in the comprehensive additions made to the duties of Bethlem officers and servants in 1765. These additions were recommended after prolonged enquiries by Grand Committees of between ten and sixteen governors and officers, during which the conspicuous presence of the Bethlem Physician, John Monro, must have been influential<sup>149</sup>. From this date, the Steward was required by standing order to make thrice weekly, morning inspections of the cells, galleries and chequers for cleanliness and neatness, while the Matron was to examine the women patients every morning to ensure that they had been properly 'Shifted and Sheeted' by the maids. Every Wednesday, the Matron was also 'to Observe the Washer Women' and make sure that patients' linnen was being 'Boiled as it ought to be and Washed in proper Suds'. An assistant basketman who was to be newly appointed and was to take charge of the beer cellar, had the additional responsibility of 'keep[ing] the Cellar Sweet and Clean'. Cleaning began at Bethlem first thing in the morning, after fires had been lit and after those patients who were convalescent, sick or in need of surgery, had been carried down to the stove rooms, infirmaries and surgery<sup>150</sup>. 'Dirty patients' were to be moved 'from one Cell to another' in order to 'Wash their Dirty Cells', although, in practice, they were often chained up in the stove rooms (where they were found in 1814 by Warburton and his colleagues), or in their beds. Officers and servants were enjoined to take 'great care in removeing old Straw and providing Fresh', changing it whenever it was 'Damp or Dirty', and left over provisions were also to be removed every morning.

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<sup>148</sup> See John Woodward, *To Do The Sick No Harm. A Study of the British Voluntary Hospital System to 1875* (London, Routledge & Kegan Paul, 1974), 97-104; Ignatieff, *A Just Measure of Pain*; George, *London Life*, 62.

<sup>149</sup> *BCGM*, 24 April & 20 June 1765, 126 & 132-7. Monro put his hand to both Grand Committee reports (dated 17 May & 19 June 1765) which had originally been convened on the Court's instructions (in April), merely to enquire into the duties of the Steward (now the office had fallen vacant) and to suggest 'alterations'. It is impossible to say, however, how much influence he exerted upon the final form of the proposals made.

<sup>150</sup> I.e. soon after 6a.m. in summer and 7a.m. in winter.

While the surveillance of cleanliness now demanded from officers was certainly new, it would be a mistake to regard the methods employed by Bethlem staff to maintain this cleanliness as entirely novel. Much of this must have been asked of Bethlem staff in a more casual way long before the Governors deemed it necessary to set official standards of cleanliness. On the other hand, these orders also indicate in which respects servants were seen to be lax and standards inadequate. Furthermore, staff were still only obliged to ensure that patients' cells 'are kept as clean and as neat *as the Condition of the Patients will Admit*' (my italics), which was a virtual mandate for the neglect of those they designated as the worst cases. Bethlem was hardly the only hospital, nevertheless, to encounter difficulties in keeping its patients clean. The Governors of the French Protestant Hospital had found it impossible to preserve 'due Cleanliness' in the 'Lunatick Wards', until adopting (in 1761) a similar method to that implemented at Bethlem, of keeping at least two cells constantly vacant where patients could be removed whilst their 'Cells are cleaning out'<sup>151</sup>. The rooms employed at Bethlem for this purpose had actually been enlarged twenty years before their scandalous exposure in 1815/16, and one can imagine how much more cramped and dirty they had been formerly<sup>152</sup>. Yet many private mad-houses were kept in a more slovenly condition than was Bethlem. On entering an apartment in Gunston's Bethnal-Green mad-house, in 1772, Justice Wilmot declared that he would not do so again for £500, 'the place' being 'so intolerably nasty, and the stench so abominable'<sup>153</sup>. According to the physician, Richard Brocklesby, writing in the years 1758-63 (not just Bethlem but) 'Infirmaries, or hospitals, in all countries, are for the most part unclean and infectious places', despite considerable efforts being made 'to purify them'<sup>154</sup>.

There seems little doubt, however, that standards of cleanliness marginally improved at Bethlem and other city hospitals after mid-century. It was not until the latter eighteenth century that the patients of Bethlem were officially required to be washed and (if men) shaved three times a week; that a 'clean round Towell' was allowed 'each Gallery every day'; that longer lasting hard soap was substituted for the soft soap formerly ordered for patients and servants,

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<sup>151</sup> See pamphlet entitled *The Statutes and By-Laws of the Corporation of the Governors and Directors of the Hospital for Poor French Protestants and their Descendants Residing in Great Britain* (London, 1761), chap ii, rule xvii, 20. This ward is also referred to, elsewhere in the statutes, as 'the Mad-House'.

<sup>152</sup> See *BGCM*, 26 Sept. 1793, fol. 14.

<sup>153</sup> This, at least, was the rather sensational story told by the *Annual Register* (1772), 90-91.

<sup>154</sup> Richard Brocklesby, *Oeconomical and Medical Observations in two Parts from the year 1758 to the year 1763* (London, 1764), 58-9, quoted in Woodward, *To Do The Sick No Harm*, 98.

and that the Committee regularly went round the house inspecting it for cleanliness<sup>155</sup>. In Augustan times, (male) patients had been shaved just once a fortnight and washed when staff or visiting governors conceived a need<sup>156</sup>. The observations of late century visitors to Bethlem appear to reflect this amelioration, although their accuracy was often distorted by a suffusion of moral sensibility and stark contrasts continued to prevail. The Frenchman, Grosley, when visiting Bethlem c1770, found the female's parlour (or convalescents' room) 'full of women of various ages...wearing rather clean linen and camisoles...about to take tea together'. On the male side, however, he still encountered 'A whole corridor [i.e. gallery]', 'in each' of the 'large cells' of which a patient 'was lying chained up in his bed', one (if not most) of whom was 'in a state of almost complete nudity'<sup>157</sup>. Sophie von la Roche eulogised over the merits of the hospital, without reservation, after her visit in c1784. She found its rooms so 'sound, spacious [and] clean' that she wished that (let alone the insane), 'every good, honest worker and wage-earner and their families' in her native Germany might have it so good<sup>158</sup>. The environment of Bethlem had not altered radically over the fourteen years separating these accounts, of course, and it is the rose of sentiment tinting the vision of von la Roche that marks the real difference here. Indeed, von la Roche praised the 'tidily attired' patients, with their 'comfortable beds', less than a decade before the clothing and bedding provided at Bethlem were deemed unfit by the Governors themselves (see *supra*). Yet there were more objective observers who also testified to the comparatively clean and wholesome provision offered by the hospital in this period. J. De Cambry, the author of *De Londres et ses environs* (1788), found 'a cleanliness, hardly conceivable unless seen' prevailing at Bethlem<sup>159</sup>. Standards at French hospitals may well have been inferior, and the comments of natives upon the environment of Bethlem offer a more immediately reliable context than those of foreigners. Despite judging Bethlem in 1789 inferior in most departments, including cleanliness, to St. Luke's and in need of whitewashing, nevertheless, John Howard

<sup>155</sup> 'Soap' had been used at Bethlem since the early seventeenth century. In 1642 the Porter was quizzed by the Court as to why 'soe much soape was spent at Bethlem' and offered the rather unsatisfactory answer that there were simply more patients than there used to be. By 1785 8lbs of soap was being provided every week for the hospital's use. See *BCGM*, 29 April 1642, fol. 382; *BSCM*, 17 & 24 Sept. 1785, 20 June 1795, 25 July 1812.

<sup>156</sup> See *ibid*, 22 Dec. 1768, fol. 238, where patients are ordered, henceforth, to be shaved once a week.

<sup>157</sup> '...une salle remplie de femmes de différens âges qui, en linge & en camisoles assez propres, alloient prendre le thé en commun'; 'Tout un corridor de Bedlam a de grandes loges, dans chacune des quelles étoit un malheureux couché & enchaîné dans son lit'; '...un garottés...dans un état de nudité presque totale'; see *Londres*, vol. ii, 12-13.

<sup>158</sup> *Sophie in London*, 166-171.

<sup>159</sup> *Op. cit.* (Paris, 1788). The work was cited in O'Donoghue, *Bethlehem*, 283.

deemed its 'two hundred and seventy rooms...quite clean and not offensive' and declared that, in general, at London hospitals, 'white-washing the wards is seldom or never practised, and injurious prejudices against washing floors...are suffered to operate'<sup>160</sup>. In fact, Bethlem had been whitewashed about ten years before Howard's survey, after the Committee had found its 'Gallerys and Cells...very dirty', but the expense of whitewashing, estimated then at £126 4/, was an understandable deterrent<sup>161</sup>. Finally, whereas members of the 1815/16 Committee had deplored the filthy and brutal conditions in which patients were kept in the hospital's side rooms, they had not found 'the rest of the house...particularly deficient in cleanliness', and had judged 'the apartments in general...to be clean, and the patients who were not confined tolerably comfortable'<sup>162</sup>.

### Light, air, heat and their deficiencies

The stock depiction of Bethlem as a dark, close, airless, festering place, also requires revision. Granted, not merely observers like Dekker, Swift and Pope, but patients themselves, had commented on, and complained about, the darkness into which they ventured or were thrust at Bethlem, throughout the period, and it would be thoroughly unwarranted to disregard their experiences<sup>163</sup>. Confinement to a dark room had long been considered as therapeutic in cases of

<sup>160</sup> *An Account of the Principal Lazarettos*, 139-41. 'The walls' were also found 'excessively filthy' and the 'day rooms...highly offensive' at St. Luke's, by a surgeon who visited the hospital in 1816 and who was interviewed by the Madhouses Committee; see 1st Report, 1816, 53.

<sup>161</sup> *BSCM*, 29 Aug. 1778. The women's chequer and infirmary were ordered whitewashed and plastered in 1668. After 1778, however, another application for the whitewashing of the whole hospital does not appear to have been made, until 1795; *ibid.*, 6 Aug. 1668 & 20 June 1795.

<sup>162</sup> 1st Report, 1815, 150-52; 3rd Report, 1815, 175.

<sup>163</sup> See esp. Thomas Dekker & John Webster, *Westwood Ho* (Old English Drama Students Facsimile Edn, 1914), 'as dark as a roome in Bedlam', I, i; Shakespeare, *Twelfth Night*, III, iv, 141-5 & V, i, ls 343-4, where conceived as either 'mad' or 'possessed', Malvolio is taken 'to a dark room and bound'; *As You Like It*, III, ii, ls 402-4; 'Love is merely a madness, and...deserves as well a dark house and a whip as madmen do'; Philip Massinger, *A New Way To Pay Old Debts*, V, i, ls 376-7, where Parson Will-doe advises 'some darke roome' for the 'recovery' of Overreach; all of which are cited in Reed, *Bedlam on the Jacobean Stage*, 25-6 & 36. For later refs, see Carkesse, *Lucida Intervals*, 39, 'Beyond all darkness, chains and keepers blows'; 42, 'When Doctor Mad-Quack me i' th' Dark had put'; 52, 'Darkness and Chains are here, and Porter too'; Pope, *Imitations of Horace*, bk ii, satire i, ls 97-100 & *Epistle to Arbuthnot* (London, 1734/5; Menston, The Scholar Press, 1970), 2, l 20; Swift, *The Examiner*, in Frank H. Ellis (ed), *Swift vs Mainwaring. The Examiner and the Medley* (Oxford, Clarendon, 1985), 484; Steele, *The Tatler*, No. 174, 20 May 1710, 454, 'This Lady I shall take the Liberty to conduct into a Bed of Straw and Darkness, and have some Hopes, that after long Absence from the Light, the Pleasure of seeing at all may reconcile her to what she shall see'; Wycherley, *Complete Works*, 236, 'he does to a Dark Hole go./ And is shut up, for Mischief he wou'd do'; 'Satyr against the Poets', *B.M. MS. 162. B. 8 (7317)*, 155, 'In Chains all night and darkness all the day'.

lunacy, as a means of enclosing the disordered mind from the delusive powers of light<sup>164</sup>. As late as 1766, there was certainly a 'Dark Cell' at Bethlem, which may indeed have been employed with this purpose in mind. The conversion of this cell, together with one adjoining, in this year, into a sitting room 'for the Conveniency of the Patients', can be seen as signifying the demise of such theories in the wake of a growing appreciation of the sensibility of the mad to creature comforts and of the curative effects of a civilised environment<sup>165</sup>. Yet the ground gained by theories defining insanity as misassociation of ideas and stressing its sensory roots continued to sustain conviction in dark room therapy in some quarters of the medical profession. At the beginning of the nineteenth century, the Bethlem Apothecary, John Haslam, was still espousing the efficacy of 'a dark and quiet room' for those 'in the most violent state of the disease', in order 'to prevent the accession' of 'ideas' 'through the medium of the senses'<sup>166</sup>. Nevertheless, the Bethlem Governors had been sensitive of a need for light and ventilation in the hospital since the seventeenth century. Five additional dormers had been installed into the upper south side of the Bishopsgate building in 1663 for this very reason; 'to bring Light and aire into the same for the better Accomodacon of the poore Lunatikes therein'<sup>167</sup>. Whereas the old house had gradually become submerged by buildings all around it, the Governors had gone to some lengths in their attempts to prevent encroachments (see *infra*, 'Tenants'). The Moorfields site and building had originally been planned with a mind to 'health and Aire'<sup>168</sup>. In contemporary prints of new Bethlem one is struck by the prodigious allowance of space for the access of light and air and the largeness of the windows on the first two storeys. Of course, cells (whether in asylums or prisons) were inevitably much darker and closer than the wards of general hospitals. At Bethlem, where patients' windows were fitted with iron bars, wire grilles and shutters, cells

<sup>164</sup> See e.g. Bartholomaeus Anglicus, *De Proprietatibus Rerum* (London, 1535), fols 31-2, 'The medycyne is - that in the begynnyng...he be well kepte or bounde in a darke place', cited in Hunter & Macalpine, *Psychiatry*, 3; case of Anthony Clarke, of Newton in the N. Riding (mentioned in a forthcoming paper in *Hist. Psy.*, by Akihito Suzuki), whose parishioners were ordered at the Middlesex Sessions, in 1633, to take him 'into their safe-keeping...and to keep him dark'

<sup>165</sup> See *BSCM*, 15 Nov. 1766.

<sup>166</sup> Haslam, *Observations on Madness and Melancholy* (London, 1809), 316. Frings, writing in the 1740s, and seeking to enlighten or, perhaps, gain the patronage of, James Monro, was rather more ambivalent in his counsel that some frenzied patients, in whom colour and light incites false ideas, should be kept in a dark place; but others, who abhor dark, should receive the opposite treatment. See his *Treatise*, 41-2.

<sup>167</sup> *BCGM*, 17 Oct. & 4 Nov. 1663, fols 71 & 75-6.

<sup>168</sup> *Ibid.*, 8 & 16 May 1674, fol. 638-642. Bethlem was not only to be rebuilt 'more large', but was also to be removed to 'a more convenient place'.



must assuredly have been very dark and stuffy when patients were deemed unfit to be exposed and confined with the wickets of their doors shut<sup>169</sup>. It is unlikely, however, that Bethlem was much (if any) darker than Guy's, Bethel or St. Luke's. Indeed, the cells, galleries and exercise grounds at Bethlem were actually more spacious and airy than those at even the 1786 St. Luke's building<sup>170</sup>. At the latter, shutters had been dispensed with in favour of light and fresh air, but this exposed patients further to the cold, while the barred and wire latticed windows and upper apertures in the doors, seem to have been modelled on those at Bethlem. Whereas Augustan moralists penned the dingiest images of Bethlem, men and women of feeling after mid-century described its rooms as 'spacious and bright', its galleries as 'thoroughly well lit' and its 'fine gardens' as an Elysium, where patients 'enjoy fresh air and recreate themselves amongst trees, flowers and plants'<sup>171</sup>. The hospital's provision of light, air, cleanliness and exercise, and its wainscoted rooms and open doors, were especially admired by foreign visitors, like De Cambry, the author of *De Londres et ses environs* (1788), as against continental equivalents<sup>172</sup>. Despite the criticisms of members of the Madhouses Committee in 1815/16, they conceded that 'the building itself' was 'well adapted...to the purpose, the galleries and cells lofty, capacious and airy...'<sup>173</sup>. Once again, however, lighting and ventilation at Bethlem had changed little over the half century dividing the accounts of visitors like Swift and von la Roche. It was rather perceptions of the hospital and the mood of visitors which had shifted. Augustans' depictions

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<sup>169</sup> For mention of the erection and repair of shutters and wires (which appear to have been added to the garrets only in 1711) and the isolation of patients, see *BSCM*, 10 Feb. 1711, 1 Oct. 1715, fols 45, 199; *BCGM*, 20 June 1765, fol. 133, & *BGCM* 15 Sept. 1785, in *BSCM*; & Hooke, *Diary*, 16 Dec. 1675, 'Shewd Battes about Bedlam shutters'.

<sup>170</sup> At old Bethlem, the ground utilised for the new 1643/4 wing and yard was only 49 ft. by 26 ft., suggesting that its 12 ground floor and 8 second floor cells (with 'Garretts over them for Lodgings for Servants') were no more than 8 ft by 10 ft. See *BCGM*, 2 June 1643, fols 43-4. Cells at the palatial Moorfields building, however, measured 12 ft by 8 ft 10", with a height of 12 ft 10" (although those in the garrets and for incurables were smaller), while its galleries were 1179 ft long, 13 ft high & 16 ft wide. The cells at St. Luke's, Old-Street Road, were much smaller in area, being 10 ft 4" by 8 ft, and only slightly larger in height, at 13 ft, while its galleries were 1 ft narrower than those at Bethlem. See Howard, *Lazarettos*, 138-40; *The Royal Magazine*, vol. v, Aug. 1761, 60.

<sup>171</sup> Von la Roche, *Sophie in London*, 166-7;

<sup>172</sup> 'In Bedlam. The poor creatures...are not chained up in dark cellars, stretched on damp ground, nor reclining on cold paving stones...The doors are open, their rooms wainscoted, and long airy corridors give them a chance of exercise. A cleanliness, hardly conceivable unless seen, reigns in their hospital.' See De Cambry, *Op. cit.*, quoted in O'Donoghue, *Bethlehem*, 282-3 & Porter, *Manacles*, 125.

<sup>173</sup> See 3rd Report, 1815, evidence of Charles Callis Western, 175.

of the darkness of Bethlem had as much to do with their intensely sombre vision of the extinguished light of reason, and the literary appeal of the juxtaposition of light and darkness, as with the peculiarly tenebrous atmosphere of the hospital. Likewise, the brighter, fresher image of Bethlem conveyed in the Age of Sensibility, betrays a new and rather idealised positivism in attitudes to the insane more than any improvement in the light and air of the hospital.

Minor improvements *were* made, in obeisance to accentuated demands for outward decency and more insistent lobbies from hygienists, like the 1765 injunction that 'Windows be kept light...in good Order' and free from anything 'which shall look unseemly to the Streets'<sup>174</sup>. Casements were added to a few cells that lacked them in 1757, although it was not until 1765 that 'the upper doors' of isolated patients' cells were required, by standing order, to be opened to ensure 'that the Circulation of fresh Air be no ways impeded'. Even this was, initially, to be done only during the summer months<sup>175</sup>. Moreover, the increasing definition at eighteenth century Bethlem of a category of patients 'not fit to be Exposed' served too often merely as an excuse for their neglect.

Of course, many patients did not spend much of their day in their cells. Even Hogarth's painting of Bethlem in the 1730s shows the cell doors open, light streaming through cell windows and three times as many patients milling about outside as inside. While fresh air took on a deeper meaning towards the end of the period, the Bethlem administration had long been appreciative of its putative benefits to the health of patients. Those regarded as 'capable' or 'well enough' (i.e. orderly or convalescent), had, throughout the period, been 'p[er]mitted to walke the Yards there in the day tyme' (and possibly, by the mid eighteenth century, at new Bethlem, to promenade the front gardens), as a means to exercise 'and take the aire in order to their Recovery'<sup>176</sup>. The policy of leaves of absence for ('physically') ill and convalescent patients operating at the hospital from (at least) the late seventeenth century was also designed to afford them the remedial benefit of the country air, even though acute or inveterate maniacs were considered as virtually beyond the reach of, or too dangerous for, such sojourns. At old Bethlem, and by the 1680s, at new Bethlem, patients also had the liberty to walk the galleries if considered well enough behaved<sup>177</sup>. They were normally only 'lockd upp in their severall Cells'

<sup>174</sup> This order remained in force when the Steward's duties were altered and enlarged in 1785. See *BCCM*, 20 June 1765, fol. 133; *BCCM*, 15 Sept. 1785 (in *BSCM*).

<sup>175</sup> When the latter order was repeated in 1785, it had lost its seasonal delimiter, so it seems likely that the policy was being implemented all year round. See *ibid* & *BSCM*, 12 March 1757, fol. 5.

<sup>176</sup> *BCCM*, 23 Oct. 1674 & 5 May 1676, & Bethlem Committee report, dated 16 Oct. 1674, fols 52, 55 & 246; *The Royal Magazine*, vol. v, Aug. 1761, 60; Strype edn of Stow's *Survey of London*.

<sup>177</sup> *Ibid*, 10 Sept. & 3 Dec. 1675, 5 May 1676, 24 May & 28 June 1689, fols 174, 199-200, 246, 404 & 416. See,

at meal times, when put to bed, or if found unruly, and might enjoy as much as thirteen hours of such liberty each day<sup>178</sup>. Patients, like Joseph Periam, complained bitterly about being obliged to retire at 7 or 8 p.m. 'and not being let out till' 6 or 7 a.m., and of being 'debarred the use of candle, and consequently books', at Bethlem<sup>179</sup>. They would, however, have found no greater indulgence at any other contemporary, English, carceral institution, nor should one expect the Bethlem Governors to have been any less concerned about the risk of fire or injury entailed in entrusting patients with candles.

While there was only a single yard at old Bethlem (entailing obvious problems of segregation), until the expansion of 1643/4 added another, and both of these yards were rather modestly sized, the space allotted patients was greatly extended at the Moorfields site, where separate (green) yards for both sexes at either end of the hospital house comprised grass and gravel plots of 120 feet each<sup>180</sup>. Benches were added for patients to sit on by (at least) 1719, although nothing quite as swanky or considerate as the 'covered seat' erected 'in one of the Airing Grounds at St. Luke's' in 1790 was contemplated<sup>181</sup>. On the other hand, the Governors had been much more concerned with 'the Grace & Ornament of the...[Moorfields] Building' than with patients' exercise or any other therapeutic purpose. Patients had actually been forbidden to walk in the front yard and gardens of new Bethlem, as apparently was originally intended, simply because its front wall would have had to be built so high (to prevent escape) that the view of the hospital 'towards Moorefields lyeing Northwards' would be spoiled<sup>182</sup>. New Bethlem was constructed pre-eminently as fund-raising rhetoric, to attract the patronage and admiration of the elite, rather than for its present and future inmates, whose interests took a poor second place. Nor did contemporaries fail to perceive and remark upon the ironic antithesis between

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also, Strype's edn of Stow's *Survey*, 195.

<sup>178</sup> *Ibid*, 30 March 1677, fol. 358.

<sup>179</sup> See George Whitefield, *Journals*, ltr from Periam dated 5 May 1739, query 3, 262. Even Whitefield counselled Periam that it was his 'duty...to submit to the rules of [the house]'; *ibid*, 264.

<sup>180</sup> For the yards at old Bethlem, see *BCGM*, 2 June 1643, fols 43-4. For those at new Bethlem, see *ibid*, 23 Oct 1674, fol. 52 & *infra*.

<sup>181</sup> See *BSCM*, 16 May 1719, fol. 45, when 2 new benches are ordered put up in the men's yard, indicating their prior existence. For St. Luke's seat, see Appendix 3a(i) & (ii), and *Madhouses Committee Report*, 11 July 1815, 7, where the Committee laments the lack of covering in the airing grounds at St. George's Fields and recommends 'the covering in the middle thereof...at St. Luke's' as a model.

<sup>182</sup> *BCGM*, 23 Oct. 1674, fol. 52.

the sober splendour of the hospital's palatial exterior and the impoverishment and chaos that lurked within<sup>183</sup>. By the mid-eighteenth century, at least, with Augustan society steadily disowning show in favour of simplicity and austerity, 'the style of architecture' enshrined in new Bethlem was being disparaged by orthodox critics, as irregular and unsuitably grandiose, and 'very improper for an hospital for madmen'<sup>184</sup>. The vast majority of those who commented on the hospital's design in the first decades after it was built, nevertheless, expressed admiration and approval for its 'magnificence' and saw it as a testament to the benevolent charity of the Governors<sup>185</sup>.

On the other hand, the addition of the incurables wards, in the 1720s and 30s, and of the infirmary, the apothecary's house and shop and other buildings, around mid-century, considerably reduced the area of the airing grounds at Bethlem (see Fig. 3a). By 1815, they were actually being described as 'small' by a member of the Madhouses Committee, besides being 'damp...and encumbered with rubbish'<sup>186</sup>. Indeed, the yards at Bethlem appear to have been cleaned altogether too infrequently, while the lack of any cover meant that they could only be used when the weather was fine<sup>187</sup>.

Patients were generally over-exposed to the elements at Bethlem, and if the hospital was

<sup>183</sup> See e.g. Roger L'Strange, *Bethlehem's Beauty, London's Charity, and the Cities Glory. A Panegyric Poem on that Magnificent Structure, lately Erected in Moorefields, vulgarly called New Bedlam. Humbly Addressed to the Honourable Master, Governours, and other Noble Benefactors of that Splendid and most useful Hospital* (London, 1676); Thomas Fitzgerald, 'Bedlam', in *Poems on Several Occasions* (London, 1733); Hildebrand Jacob, *Bedlam, a poem* (London, 1723).

<sup>184</sup> See e.g. R. & J. Dodsley, *London and its Environs Described* (London, 1761), 6 vols; *The Royal Magazine*, vol. v, Aug. 1761, fols 59-60. For new neo-classical trends in asylum, hospital and prison architecture, after mid-century, see esp. Damie Stillmann, *English Neo-Classical Architecture* (London, Zwemmer, 1988), 2 vols, vol. 2, 381-6, 398-403. One needs only to compare the much simpler architecture of the St. Luke's buildings with that of new Bethlem, to comprehend the crux of this polemic.

<sup>185</sup> See e.g. Evelyn, *Diary*, 133-4, 18 April 1678, 'I went to see New Bedlam Hospital, magnificently built, and most sweetely placed in Morefields'; L'Strange, *Bethlehem's Beauty*; Fitzgerald, 'Bedlam', in *Poems*, 1; Margaret Espinasse, *Robert Hooke* (Melbourne, London & Toronto, Heinemann, 1986), 91. The anonymous *Bethlem Hospital. A Poem in Blank Verse*, (London, 1717), 4, went so far as to claim that 'the careful Architect...Consider'd more than What might please the Sight'.

<sup>186</sup> See evidence of William Smith, *Madhouses Committee Reports*, 2nd Report, 1815, 152. Fig 3a, 'Plan of Premises at Little Moorgate adjoining to Old Bethlem Hospital', graphically illustrates how the men's yard had been enclosed by the Laundry, dead house, infirmary and apothecary's house and shop.

<sup>187</sup> The Steward's Accounts reveal that patients were occasionally employed in cleaning the yards. For the only other reference I have found, see *BGCM*, 31 Oct. 1750, in *BSCM*, fol. 205, although they were re-gravelled in 1782; *BSCM*, 8 June 1782.

cleaner, brighter, and more airy than some accounts of it have suggested, it was certainly not warmer or drier. The biting cold and damp of Bethlem, particularly in the winter months, was the constant complaint of patients during the period and very little progress had been made in alleviating their exposure by the time it became a major concern of the 1814/15 Madhouses Committee. James Carkesse, especially, complained of being 'opprest with cold' and heartily thanked a Mr. Stackhouse who had presented him with a periwig, claiming to have wanted it:-

...e're since my coming hither,  
My upper Room to Skreen from *wind* and *weather*'

and to keep his '*Noddle* warm'<sup>188</sup>. Conditions at Bethlem were evidently worse in this respect than at the average private madhouse. Joseph Periam complained of having 'been brought from Bethnal Green, where he was taken great care of, into a cold place, without windows, and a damp cellar under him'<sup>189</sup>. Indeed, the windows at Bethlem were, at best, only partially glazed, even by the end of the period, while the meagre covering allowed many patients—shaven-headed, with inadequate clothing and bedding—afforded them scant protection. The cold endured by Bethlem patients was partially the result of harsh economics, but, moreover, of a mind-set in classical attitudes to the insane, sustained in particular by a resilient medical tradition which advocated the '*sedative* power' of cold upon the mad, at the same time as denying their sensibility to its 'bad effects'<sup>190</sup>. Carkesse ridiculed antique humoural theories concerning the '*hot-headed*' nature of mania. Yet such theories and others supporting the insensibility of the mad to the extremities of the weather and the dangers of over-heating the brain, continued to be subscribed to by most contemporary physicians, from the Bethlem doctors, Helkiah Crooke, Thomas Allen and Edward Tyson (see chap. 4), to the Reverend William Pargeter, and continued to obstruct the passage for meliorations in conditions at Bethlem and other hospitals. Tyson's friend Strype may, or may not, have been echoing the physician verbatim, yet it was common knowledge that the insane 'when raving or furious do not suffer much from the Weather'. It was only in their lucid '*Intervalls*' that the mad were considered 'liable to it' and apt to 'contract other Distempers'<sup>191</sup>.

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<sup>188</sup> *Lucida Intervalla*, 28 & 49.

<sup>189</sup> See Whitefield, *Journals*, 255.

<sup>190</sup> See e.g. Pargeter, *Observations*, 8 & 95.

<sup>191</sup> See *ibid*; Carkesse, *Lucida Intervalla*, 49; Strype's edn of Stow's *Survey* 196; *The Royal Magazine*, vol. v, Aug. 1761, 60.

It would be erroneous to suggest, however, that the Bethlem Governors or contemporaries, in general, were completely unappreciative of the sensitivity of the insane to the cold, or that *nothing* was done to preserve patients from it. The Madhouses Committee 'represented that the Patients [of Bethlem] suffer sensibly from the cold' as if it were a new discovery<sup>192</sup>. Already, however, by the early seventeenth century, the cries of wandering Bedlamites that 'Poor Tom's a-cold', were familiar and had raised sympathy from contemporaries, as indeed had the cries of the Bedlamites of Jacobean literature; 'I'm a cold, this white satin is too thin unless it be cut, for then the Sunne enters'<sup>193</sup>. At Bethlem, the installation of shutters to cell windows; the erection of the Wardrobe and other improvements in clothing and bedding; the introduction of caps into the standard Bethlem outfit and the use of the 'hot Bath for [amongst other things] restoring their [i.e. patients] Limbs when numbed'; from the latter seventeenth century, were all measures taken (with limited and varying success) to combat Jack Frost at Bethlem<sup>194</sup>. Of course, the insane were not exposed to the cold only at Bethlem. William Belcher, confined at a private madhouse in Hackney for seventeen years, at the end of the eighteenth century, declared that he had 'lain whole winter nights bound, and cold from want of bed-clothes'<sup>195</sup>. Nor was it only the windows of the insane that were left open to the elements. Prisoners also shivered at Bridewell. Yet shutters appear to have been fitted there to preserve women 'from the violence of the cold in the night tyme' some years before they were deemed necessary for inmates at Bethlem, which would tend to confirm the vigour of prejudices against the sensibility of the insane<sup>196</sup>. There were 'warming rooms' for patients to 'come to warme themselves' at both Bethlem buildings, although, for the duration of the period, these seem only to have been heated and available 'in the Winter'<sup>197</sup>. The two warming rooms at old Bethlem originally contained unguarded fires and their replacement in 1675 by stoves fenced in 'w[i]th Iron Barrs' was undoubtedly a salutary initiative on the patients' behalf. Indeed, it was these rooms which evolved into the 'stove rooms' and ultimately, 'sitting rooms' for patients in new Bethlem (and

<sup>192</sup> See their summary report, dated 11 July 1815, 6.

<sup>193</sup> See Shakespeare, *King Lear*, III, iv, ls 148 & 174-6, & Dekker, *Northwood Ho*, IV, ii, ls 118-20 & also l. 144.

<sup>194</sup> See *supra* & Strype's edn of Stow's *Survey*, 195.

<sup>195</sup> *Address to Humanity, Containing a Letter to Dr. Thomas Monro...* (London, 1796), 9.

<sup>196</sup> *BCGM*, 19 Nov. 1673, fol. 587.

<sup>197</sup> See e.g. *BCGM*, 3 Dec. 1675 & 20 June 1765, fols 199 & 135, & Strype's edn of Stow's *Survey*, 195.

were adopted by most eighteenth century asylums), while their method of heating was still being recommended as 'proper' by such eminent authorities as John Howard, over a century after its implementation<sup>198</sup>. That patients had formerly got so close to fires, however, as to 'many tymes burne themselves' and that the Governors were more concerned about the 'greate Charges' this 'occasion[ed] to the...hospitall for their Cure' than the circumstance itself, suggests just how cold patients must have been and just how poorly patients' comfort might be rated on the Governors' scale of priorities<sup>199</sup>. Nor is it clear for exactly how long patients had been enjoying even this rudimentary privilege of warmth. As late as 1663, fires appear to have been maintained only in the hospital's kitchen or in rooms set apart as the Governors directed for their own meetings<sup>200</sup>. At Moorfields, possibly out of misplaced frugality, the hospital reverted to a system of 'grates' and persisted with it for over three decades, despite risks of injury, before installing stoves again 'for the better and safer accomodateing the Patients'<sup>201</sup>. Within four years of this alteration, the Committee declared the stove rooms too small and inconvenient for the hordes of cold patients. Yet their enlargement and alteration 'for ye Conveniency of ye patients' (despite being the easier and cheaper of two options) over the next eighteen months, and the addition and renovation of heating facilities over the ensuing decades, demonstrates that the Governors did not simply ignore inmates' needs for warmth and comfort. Moreover, from the 1760s these rooms began to be seen as more than simply warming rooms for patients, gradually taking on a more therapeutic and recreational function, as parlours where convalescents might associate and take tea together<sup>202</sup>. Scull has recently emphasised how pervasive and tenacious were theories supporting the insensibility of the mad to physical discomfort and the inclemencies of

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<sup>198</sup> Howard, *Lazarettos*, 139.

<sup>199</sup> *BCGM*, 3 Dec. 1675, fol. 199.

<sup>200</sup> *Ibid*, 3 July 1663, fol. 57.

<sup>201</sup> *BSCM*, 21 Oct. 1710.

<sup>202</sup> After much discussion in 1714-15, the Board rejected a plan for the removal of the stove rooms to the east & west ends of the hospital which would have cost £366. In 1719, however, 2 more fire hearths were ordered new laid in the men's chequer. By 1766, patients were using what had formerly been the 2nd gallery maid's room as a warming room, while, in the same year, two more cells were converted into 'one Room for the Conveniency of the Patients'. In 1778, a room adjoining the kitchen was ordered converted into a stove room; while, in 1793, a room at the end of the men's gallery was to be enclosed 'for the Convalescent Patients', at a cost not exceeding £70. See *Ibid*, 15 June 1714, 10 May, 7 July & 26 Nov. 1715, 16 May 1719, 17 April 1725, 15 Nov. 1766, 30 Oct. 1778, fols 160, 191, 203, 45 & 228; *BCGM*, 25 June 1714, 13 May, 7 Oct. 1715 & 28 Feb 1793, fols 62, 135 & 155.

the weather in contemporary medical writings, from Willis to Arnold<sup>203</sup>. The accuracy of this observation is beyond doubt. To what extent the strength of this mind-set explains (or, itself, evidences) the primitive conditions in which the mad were kept at Bethlem (or elsewhere), or inhibited any improvement in those conditions, is less clear, however. The Governors of Bethlem never sought to justify or extenuate patients' exposure to cold at the hospital with reference to such formulations. Indeed, despite Scull's forceful and valuable argument concerning unconscious motivations behind the expostulations of policy makers, the Bethlem Board went to considerable efforts to clothe and otherwise preserve patients from the cold over the course of the period. Scull's argument that the 'set of immunities' attributed to the mad was 'extended' during the first half of the eighteenth century, is also debateable. While Mead averred that the mad acquired immunity to the effects of bodily illness, others, and notably, the Bethlem Physician, John Monro, himself, disagreed<sup>204</sup>. By the 1740s at least, doubts were already being expressed about the efficacy of, and patients insensibility to, the cold. While Frings recommended 'Air...inclining to be cold' for the cure of phrensy, 'too cold Air' was 'to be avoided, as it condenses the Pores' and 'insensibly puts a stop to Perspiration'<sup>205</sup>. By 1765, fires were lit first thing (i.e. 6 or 7 a.m.) every morning, not just in the stove rooms (which the Matron was to check before 8 a.m. during winter), but in the surgery and infirmary, and those patients deemed 'proper' were carried down to the appropriate room<sup>206</sup>. Facilities may still have fallen short of those at St. Luke's, Old Street, where there were 'two sitting rooms in each gallery', but, even at Bethlem, there were 'four Fireplaces in the different Galleries on the Womens side' alone, although neither these, nor that in the surgery, were ordered 'Inclosed for the Security of the Patients from Fire' until

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<sup>203</sup> See Scull, *Social Order/Mental Disorder*, 57; Willis, *Soul of Brutes*, 205; Mead, *Medica Sacra*, 619, 'all [my emphasis] mad folks in general bear hunger, cold, and any other inclemency of the weather...all bodily inconveniences, with surprising ease'; *idem*, *Precepts*, 79-80, 90-91; William Salmon, *A Compleat System of Physick, Theoretical and Practical* (London, 1686), 37, 56-61; Zachary Mayne, *Two Dissertations Concerning Sense, and the Imagination, with an Essay on Consciousness* (London, 1728); Thomas Arnold, *Observations on the Nature, Kinds, Causes and Prevention of Insanity* (London, 1806), 2 vols, 2nd edn, vol. i, 4-5.

<sup>204</sup> Mead's (and others') assertion that madness frequently prolonged life, invigorating the bodily constitution against disease, was only partially adopted by William Battie, who merely claimed that 'Original Madness is in itself very little prejudicial to animal life', and that the mad live as long as the sane. Battie's argument was repudiated by John Monro, however, as totally specious. Monro objected 'that madness destroys two thirds of those who are afflicted with it through life' and that the insane were particularly subject to a whole host of severe bodily afflictions, including 'apoplexies' and 'convulsions'. Monro's statement is confirmed, not surprisingly, by causes of death given in the hospital's Admission Registers. See Battie, *Treatise*, 61; Monro, *Remarks*, 26-7.

<sup>205</sup> Frings, *Treatise*, 41.

<sup>206</sup> *BCGM*, 20 June 1765, 135-6.



1780<sup>207</sup>. Patients had, in fact, continued to hurt themselves on these stoves throughout the period, despite efforts to make them safe<sup>208</sup>.

Patients' bodily health clearly suffered more directly than this from the cold and damp of Bethlem. Carkesse complained of 'stiff' 'joynts', 'as if grown old', 'for want of Fire' at the hospital<sup>209</sup>. The Governors themselves spoke of 'Phisick and surgerye' needing to be applied to patients lacking clothes and presumably suffering from frostbite and exposure<sup>210</sup>. The susceptibility of Bethlem patients to the mortification of feet and other bodily extremities plainly owed a great deal to their prolonged subjection to cold, mechanical restraint and inactivity, which must have greatly obstructed healthy circulation. The Governors did not specifically attempt to confront this problem until January 1778, when servants were instructed by the Court (on the recommendation of John Monro and the Sub-Committee) 'That the Feet of every Patient in Chains or Straw be Carefully Exam[ined], well rubb'd and covered with Flannel...every Night and Morning during the Winter Season and if Necessary that immediate Notice be given to the Surgeon'<sup>211</sup>. On the election of Bryan Crowther as surgeon, in 1789, he was instructed 'to be particularly attentive to [the patients]...during the Winter when Mortifications are very frequent proceeding from the Coldness of the Season'<sup>212</sup>. Thomas Monro's testimony during the 1815/16 Madhouses Committee enquiry that it had 'not been thought proper' to 'administer medicines' at Bethlem during October–April, 'because the house is so excessively cold', indicates just how enervating were the effects of both the winter chill and heroic 'physicking'<sup>213</sup>.

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<sup>207</sup> See Howard, *Lazarettos*, 140; *BSCM*, 29 Jan. & 28 Oct. 1780.

<sup>208</sup> In 1763, 'the Womens Stove Room' was discovered to be barred insufficiently close and was ordered amended, this having resulted in patients 'taking Fire out of the said Stove'. Although the Sub-Committee ruled in 1782 'that in future No Patients be put into the Stove Rooms without their being attended by one or more of the Servants', it is unlikely that staff could be spared sufficiently to put this into effect. In 1790, when apparently for hygienic reasons, the foul straw that had fuelled these stoves was ordered removed from the hospital instead, the hospital reverted once more to 'the Grates before in Use'. See *ibid*, 10 Dec. 1763, 25 May 1782 & 24 April 1790.

<sup>209</sup> *Lucida Intervalla*, 28.

<sup>210</sup> *BCGM*, 29 Nov. 1695, fol. 17.

<sup>211</sup> 'The Morning Duty respecting the Care of [male] Patients Feet & c' was performed by the Cutter basketman. See *BSCM*, 17 Jan 1778, 25 Feb. 1778.

<sup>212</sup> *BCGM*, 5 Feb. 1789, fols 324-5.

<sup>213</sup> *Op. cit.*, summary report, dated 11 July 1815, 6; 1st Report 1815 93. At the same enquiry, the new Matron testified that one female patient had been crippled by exposure, while four had actually died of cold and

## Diet: feeding and starving the poor lunatics

Likewise, there is no doubt that for much of the seventeenth century patients at Bethlem were poorly fed. Under the keepership of Crooke, provision had reached such a nadir that, on visiting the house in 1631, two Governors found the patients 'likely to starve'<sup>214</sup>. The findings of the Privy Council Commissioners in the next year, that ordinary victuals and beer, both bought and sent into the hospital as charity, were sold to patients by the exploitative Steward; that those patients without money often simply went without; and that the Steward confiscated the choicest morsels for his own use, have already been adequately discussed by Patricia Allderidge<sup>215</sup>. Jacobean literature paints a similar picture of starving Bedlamites, complaining of hunger and begging for food (or money to buy it) and keepers tyrannising over their allowance<sup>216</sup>. Besides the simple dishonesty and self-interest of staff, part of the problem in feeding the poor at this juncture was the Steward's dependency upon the Keeper for money; the hospital's dependence upon gifts in kind (sent in from the Mayor, the two city Sheriffs, out of the market places, and from private individuals), and the lack of direct supervision of provisionment by the Governors<sup>217</sup>. From 1635, the Steward was made directly responsible to the Governors for his management of the provisions, yet the next two decades proved little greater comfort to the patients, who continued to suffer from the embezzlement and extortion of acting Stewards

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she had 'heard that [in former times] they have generally been naked at night'. Likewise, while the Bethlem Steward denied in 1815 that frost had formed on the wainscoting of cells during cold mornings, he recognised as incontrovertible that 'in old Bethlem' (in this case, the Moorfields building) patients 'must have suffered considerably in the cold weather'. Testimonies in general concurred that patients suffered most grievously from cold and damp in the basement storey. See *ibid*, 1st Report, 36, 39 & 61; 1st Report, 1816, 56.

<sup>214</sup> Middleton & Watts 'found that the poore there had noe victualls, but some smale scrapps'. That the patients 'were likely to starve' was not only their own judgment, but was actually 'complained unto them', presumably by the Steward Willis. The two governors also observed that on the previous Tuesday 'the poore there were fed w[i]th [just] 4lbs of cheese'. The Court merely reacted by instructing a delegation of the Treasurer & 'some other Governo[rs]' to 'see the sayd poore people delivered in such sorte as they shall thinke fitt'. See *BCGM*, 18 Feb. 1631, fol. 217; Allderidge, 'Management & mismanagement', 161.

<sup>215</sup> See, Allderidge, 'Management and mismanagement', 161-2; it P.R.O., S.P. 16, 224, no. 21 & 237, no. 5.

<sup>216</sup> See e.g. Dekker, *The Honest Whore, Part 1*, V, ii, ls 232-4, where a patient exclaims in order to avoid a whipping, 'I am a poore man; a very poore man: I am starvd, and have no meate by this light, ever since the great flood', claims that his 'guts come out' and is promised meat by Friar Anselmo provided he 'be quiet'; *The Pilgrim*, III, vii, ls 49-50, where a keeper threatens the 'She-fool' to stay in her cell and behave or she 'shall have no more sops ith'pan else, nor no porridge'; IV, iii, l. 41, where the mad Parson demands 'Give me some porridge, or i'll damne thee English' & l. 84, where the Welsh Madman announces, 'poor Owen's hungry'.

<sup>217</sup> See Allderidge, *op. cit.*, 161.

and inferior staff, and under the pinch of the hospital's slender resources<sup>218</sup>. Expostulations about 'the dearness of p[ro]visions' were made by the officers of both Bethlem and Bridewell (when seeking gratuities etc.) throughout the century, while the Governors themselves (when attempting to secure a tenant's rent arrears, in 1644), berated the 'great want of moneyes to buy provision & necessities for the poore in [Bethlem]'<sup>219</sup>. While such assessments were partially rhetorical means to financial ends, the hand to mouth subsistence of the hospital, in this period, needs stressing. A hand corn grinder was even ordered bought, in 1637, so that servants could help make the bread for the hospital<sup>220</sup>. Bethlem continued to rely upon gifts in kind to feed its inmates until the move to Moorfields, paying annual gratuities to the delivering officers in order to sustain the supplies<sup>221</sup>. Supplies were variable and intermittent, while disputes with suppliers might delay, or halt altogether, their delivery<sup>222</sup>.

The hospital's dependence on city officers may be exaggerated, however. Most of the provisions consumed there were bought by the Steward from local suppliers, and Bethlem grew steadily less reliant upon gifts in kind as the century progressed. Supplies of beer from the city were halted by the hospital itself in 1667 (see *infra*), while during the 1670s the city sheriffs seem also to have ceased delivering meat to Bethlem<sup>223</sup>. The sheriffs did not restore supplies of beef

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<sup>218</sup> See chap. 5, 'Provisions and Peculation' & O'Donoghue, *Bethlehem*, 177-8.

<sup>219</sup> Provisions were so expensive in the 1670s, that the Governors felt compelled to suspend all abatements. See *BCGM*, 29 Feb. 1644, 30 Aug. 1639, 28 May 1647, 1 Oct. 1662, 18 April 1674, 29 July 1674, fols 94, 257, 308, 15, 631, 23.

<sup>220</sup> From 1645, corn seems to have been provided instead (for both hospitals) by a millwright and his apprentices at Bridewell. See *Ibid.*, 21 June 1637 & 21 Nov. 1645, fols 127 & 227.

<sup>221</sup> The marshall's men were paid 40/ each for their deliveries on Lord Mayor's Day, 1635; while the sheriffs and the clerks of the markets received 30/ each for their deliveries from the City markets. The butchers' beadles, also, customarily received 10/ every Christmas for deliveries throughout the year. For this and ensuing discussion, see *BCGM*, 18 Nov. 1635, 29 Jan. 1641, 29 April 1642, 10 Nov. 1643, 1 Feb. 1644, 7 May 1647, 3 July 1663, 17 May 1667, 3 June 1668, 22 Oct. 1675 & 22 March 1676, 23 Jan. & 20 Feb. 1708, fols 68, 324, 382, 77, 91, 304, 56, 45, 97, 186, 235, 396, 399.

<sup>222</sup> While, in 1644, the clerk of Leadenhall Market demanded an increase in his gratuity, alleging that 'hee hath sent more bread & meate to Bethlem then the Clarks of other marketts or his p[re]decessors have done'; sheriff Fowke's officer's allowance was ceased entirely as he 'giveth nothing to Bethlem'.

<sup>223</sup> The last gratuity mentioned for the sheriffs' labourers was in 1668, while 4 years later the Governors were deciding upon 'fit butchers' to serve the hospital with beef & mutton. Although the Steward and Treasurer consecutively attended the sheriffs on instructions from the Court, in 1675 & 1676, to obtain the hospital's customary allowance, nothing seems to have been received subsequently from the City until gifts of beef were resumed at the hospital's instance in 1708. See *BCGM*, 17 May 1667, 3 June 1668, 5 Jan. 1672, 22 Oct. 1675, 22 March 1676, 23 Jan. & 20 Feb. 1708, fols 45, 97, 368, 186, 235, 396, 399.

to Bethlem until 1708, by which time gifts in kind were merely a drop in the ocean of provisions required to feed the inmates of the new hospital, while entries in eighteenth century Stewards' Accounts detailing receipts of beer and victuals from city officers usually record 'none'.

As outlined below, in chapter 5, embezzlement, extortion and wastage of provisions by staff continued to deprive patients of their rightful portions for the duration of the period<sup>224</sup>. In the 1650s, servants were severely admonished by the Court for stealing, squandering and failing properly to distribute provisions and warned to ensure 'that none [of the patients] may want'; identical abuses were again at issue in the 1670s<sup>225</sup>. Yet the mounting prosperity of the hospital meant that the pantry and buttery were increasingly better stocked and better able to spare the losses. The scenes of starvation which greeted the Commissioners and Governors in the 1630s and 40s were not repeated in later years. The establishment, briefly during 1638-41 and permanently from 1663, of weekly overseers of provisions amongst the Governors, and the sealing of short-term contracts with suppliers from 1732, substantially improved the supervision of the quality, quantity and distribution of provisions at Bethlem. Indeed, dietary amelioration is to be ranked as one of the real advances in the welfare of patients during this period. There is no doubt that patients were much better fed at the end of the eighteenth century than they had been in the early seventeenth century. John Howard declared the 'bread, butter, cheese and beer' he sampled at Bethlem 'very good', in 1789<sup>226</sup>. The Madhouses Committee of 1815/16 found little wrong with the Bethlem diet. On the other hand, Bethlem inmates, like Urban Metcalfe, were still complaining at the beginning of the nineteenth century that, while 'the governors allowances in quality and quantity' of diet were fully adequate, 'the villainy' of staff meant that, in practice, not only was the diet almost uniformly 'bad' in quality, but much of it was simply not reaching the patients<sup>227</sup>.

I discuss developments in the 'management and mismanagement' of provisions at Bethlem in the next chapter, so shall largely, confine my comments here to an analysis of the diet of

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<sup>224</sup> See chap. 5, 'Provisions and Peculation'.

<sup>225</sup> *BCGM* 21 July & 8 Sept. 1652, 5 Jan. 1672 & 30 March 1677, fols 561, 564, 368 & 357-61. Complaints of this nature were almost as common about the provisionment of prisoners at Bridewell. In 1658, e.g., working prisoners alleged that they were being limited to just 1lb of beef between 4 or 5 per day and were to weak 'to p[er]forme their Labor'. In 1752, the Bridewell Steward was suspended for irregularities in his management of the prisoners' diet. See *ibid*, 18 Aug. 1653, 10 & 26 Nov. 1658, 26 Feb. 1752, fols 621, 74-5, 79, 45.

<sup>226</sup> *Lazarettos*, 33.

<sup>227</sup> Metcalfe, *Interior of Bethlehem*, 5-6, 14-15.

patients in so far as it is pertinent to questions of therapeutics and patients' health. What is absolutely essential, is that regimen at Bethlem be securely located in the context of contemporary therapeutics in general and of provision for the sick poor elsewhere in early modern England. The appetite of Bedlamites was conceived by contemporaries as much as a facet of their disease, as a reflection of legitimate need or iniquitous deprivation, and 'starving' or rather rationing, the mad had long been justified on therapeutic grounds. While Augustan writers, like Wycherley, saw the contradictions inherent in the fates of men, like Nathaniel Lee, afflicted with madness 'because...starv'd' by lack of success and penury, and subsequently subjected to 'Starving' at Bethlem to 'restore' their 'Wits', their irony rarely seems to have amounted to a disavowal of harsh regimen as a cure for mental disorder<sup>228</sup>. Dietary abuse, particularly the excessive consumption of rich foods and alcohol had long been regarded as fundamental in the aetiology of insanity. Humoural medicine defined the body as a fragile and inter-locking balance of matter, spirits and humours, operating like a network of sieves, and emphasised bad diet as 'the mother of diseases', encouraging retention and obstructing healthy evacuation, clogging the digestion, polluting the blood with gross impurities, perpetually liable to pervert the entire constitution, let alone the intellect<sup>229</sup>. Thus, the cure of madness was believed to be very much reliant upon restoring this balance, via evacuations and a disciplined dietary regimen, countering repletion with depletion, intemperance with a 'low' or 'lowering' diet. Depriving the crazy Welshman of cheese and the mad Englishman of malt was a stock therapy for insane cravings (as well as a proverbial joke upon national characteristics), not an injustice. A unitary humoural conception of all disease in the traditional Galenic mould meant that there was little to distinguish between physicians' prescriptions for those diseased in mind and for those diseased in body. Typically, Ambrose Paré's receipt for gunshot wounds, as translated by Helkiah Crooke, Bethlem Physician 1619-32, was a 'very thin and slender' 'dyet', avoiding 'hot and sharpe or biting things...as wine, strong drinke, spices, salt, onyons, and c, for such doe attenuate and rarifie the humors', whereas 'an empty stomacke drawes from the ['affected'] parts of the body' and permits that the 'humors may be restrayned'; and Crooke would have counselled no different for the patients of Bethlem<sup>230</sup>. Antique humoural prescriptions concerning diet were adapted with little difficulty

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<sup>228</sup> Wycherley, 'To NATH. LEE..', in *Miscellany Poems*, ed. Summers, 234; Ham, *Otway and Lee*, 211.

<sup>229</sup> See e.g. Burton, *Anatomy of Melancholy*, pt 1, sec. 2, 146-55; pt 2, sec. 2, 304-13; pt. 3, sec. 2, 505; pt 3, sec. 2, 586.

<sup>230</sup> H[elkiah] C[rooke], *An explanation of the fashion and use of three and fifty instruments of chirurgery gathered out of Ambrosius Pareus, the famous French Chirurgeon, and done into English, for the behoofe of young Practitioners in Chirurgery* (London, 1634), 90-91.

to mechanistic theories of diseased nerves and fibres, which achieved prominence towards the end of the seventeenth century, but continued to posit a close relation between mental vicissitudes, changes in organic texture and 'Malregimen of Diet'. Thomas Willis declared in 1672 — 'there is no need of keeping up the flesh' in cases of insanity; 'Suppression' of 'the spirits' was rather the rule; 'therefore let the diet be slender and not delicate' — and his harsh prescription was barely challenged as a medical orthodoxy for a century or more<sup>231</sup>. Rather less sternly, as a 'Student in Physick' in 1689, Thomas Tryon also regarded 'a Clean, Spare Diet' as one of 'the most hopeful means towards their Recovery'<sup>232</sup>. Newly elaborated theories of vapours and nervous diseases still found their home in the stomach, guts, and in bodily obstructions and secretions, and still sought a remedy in low diet and powerful evacuations<sup>233</sup>. Cheyne maintained that it was only the youth of the nonconformist divine, Samuel Chandler, whom he characterised as 'a Voluptuary and an Epicure', who regularly made himself 'vapourishing' by his excessive consumption, which had preserved him from 'Bedlam'<sup>234</sup>. P. Frings (1746) believed that the cure of 'Phrensy' resided 'chiefly in a well-governed Diet' of 'moistening and cooling' foodstuffs, eschewing 'all sharp, hot, and spicy Victuals' which 'provoke the Blood and the Animal Spirits'<sup>235</sup>. Richard Mead took as his first principle in the treatment of the insane, that 'the gross humours of the body are to be thinned', and keeping 'the patient...to a slender diet' was an important part of this process<sup>236</sup>. Like Mead, a fully-fledged mechanist, Richard Hale, Bethlem Physician (1708-28), was sufficiently convinced of the merits of a lowering regimen, to apply its principles in his private practice as well, responding to complaints from ladies unused to abstinence, that 'it was made for a Sick Lady, & not a healthy one'<sup>237</sup>. Indeed, there is little indication that patients

<sup>231</sup> Willis, *De Anima Brutorum*, 206.

<sup>232</sup> *Dreams & Visions*, 292.

<sup>233</sup> See Cheyne, *The English Malady*, esp. chaps v & ix, *An Essay of Health and Long Life*, esp. chaps ii & v, & *The Natural Method of Cureing the Diseases of the Body, and the Disorders of the Mind Depending on the Body*; Blackmore, *A Critical Dissertation upon the Spleen*; Mandeville, *Treatise of the Hypochondriack and Hysterick Passions*; Nicholas Robinson, *A New System of the Spleen* (London, 1729); Porter, *Mind-Forg'd Manacles*, 52-3, 87, 170, 177, & 241.

<sup>234</sup> See *The Letters of Dr. George Cheyne to Samuel Richardson, 1733-43*, ed. F. Mullet (Columbia, Uni. of Missouri, 1943), vol. xviii, ltr dated 10 Jan. 1742, 80.

<sup>235</sup> Frings, *Treatise*, 40-42.

<sup>236</sup> Mead, *Medica Sacra*, in *The Medical Works*, 623.

<sup>237</sup> See Andrews, ' "In her Vapours" ', 138-9, & 'A Respectable mad-doctor ? Dr. Richard Hale, F. R. S.', in

were fed any better at private madhouses than they were at public hospitals like Bethlem, often confined to the depleting milk-diet which was only a facet of the regimen at Bethlem. Alexander Cruden described a particularly meagre diet imposed upon him at Bethnal Green madhouse, in 1738; consisting of his own 'tea' for breakfast; 'Butcher's Meat for dinner' and bread and milk for supper<sup>238</sup>. While the influence of Lockean cognitive psychology and (moral) management may have deprived theories concerning organic vitiation and dietary therapeutics of some of their force, after mid-century, William Battie was still emphasising the mental unease produced by 'satiety' and 'vinous spirits', 'obstructions', and the pressure of 'congestion of serum or other fluid matter' upon the 'medullary substance'; accepting 'the stomach, intestines, and uterus' as 'frequently the real seats of Madness' and recommending a 'simple' and easily digestible diet, 'Depletion', 'Revulsion' and 'evacuation' for its cure<sup>239</sup>. 'Excess of eating' or 'Gluttony' had become, however, merely 'remoter causes of Consequential Madness', while 'gentle evacuants' were always to be tried before 'rougher' ones, which were to be confined in the first instance to cases of 'chronic' madness, 'Insensibility' and 'Idiotism'<sup>240</sup>. It was the Bethlem Physician, John Monro, nevertheless, who rather controversially, in his reply to Battie, declared that 'drink' was 'much oftener the *effect* than the *cause* of [madness]' and that he had 'never' encountered a case of madness arising 'from...*gluttony*'<sup>241</sup>. In fact, neither Battie nor Monro paid much attention to diet in their treatises. On Monro's part, this was characteristically a product of a conservatism bordering on complacency, he regarding the matter as self-evident to any specialist practitioner. As is well known to psychiatric historians, Monro staunchly defended the efficacy of the vomits, purges, bleeding and other evacuative treatments used at Bethlem and criticised by Battie. Yet, significantly, these remedies had lost much of their dietary pertinence, and in contradiction to Willis, Cheyne and others, Monro maintained that although the 'meals' of the insane 'should be moderate,...they should never be suffered to live too low, especially while they are under a course of physick'<sup>242</sup>. Indeed, in practice, patients were normally only admitted to, and retained

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*Not. Rec. Roy. Soc.*, 44 (1990), 169-203.

<sup>238</sup> Alexander Cruden, *The London-Citizen Exceedingly Injured...* (London, 1739), 11.

<sup>239</sup> Battie, *Treatise*, 30, 48-9, 54, 66-7, 69, 74-7, 86-7.

<sup>240</sup> *Ibid.*, 57, 77, 92.

<sup>241</sup> *Remarks*, 24 & 28-9. Monro also included 'love' in the former assertion, and *idleness* in the latter.

<sup>242</sup> *Remarks*, 39. See, also, *The London Practice of Physic. For the Use of Physicians & Younger Practitioners* (London, 1769), 238, which advised, for the cure of 'bold maniacs'; that 'their regimen...be slender & light; such as gruels, thin panadas, whey, water, & fruits, barley gruel, butter-milk'; and that 'bleeding', 'clysters & vomits',

in, the eighteenth century hospital if deemed strong enough to undergo 'physicking'<sup>243</sup>.

No diet sheet appears to be extant for old Bethlem (if, indeed, one was ever compiled), indicative once more of the inferior attention given to its affairs by the Bridewell Governors<sup>244</sup>. Thus it is difficult to make any certain assessment of the virtues, of patients' diet before 1677. Some impression may nevertheless be gathered from the evidence of the 1632 Commissioners and entries in the Governors' Minutes concerning deliveries of provisions from city officers and purchases by the Bethlem Steward. Patients were evidently fed on a basic ration of bread, beef (or mutton)<sup>245</sup>, oatmeal or milk pottage, butter, cheese and liberal quantities of beer. Ordinarily, at least 2 stones of beef and pottage, and six penny-loaves of bread, besides additional bread and meat sent from the markets, were supposed to reach the patients from the Lord Mayor and city officers, at least three times a week, while enough beer was supposed to be supplied at the city's expense 'as will serve the whole house'<sup>246</sup>. Victuals from these sources were rarely sufficient, and the hospital relied additionally on nearby suppliers, themselves often governors or tenants<sup>247</sup>.

It seems likely from such evidence that patients were sustained on a very simple, lowering diet, designed to alternate between meat and dairy products, with perhaps three meat days each week, but subject to considerable variation in the quantities served. Patients were fed just 'twice a day' (missing breakfast)<sup>248</sup>. To modern eyes this regimen appears inadequate in nutritional balance and lacking in vitamins (especially Vitamin C) and iron. It was wholly wanting in fruit and vegetables. Even the 'fruite' found 'growing on the trees' at Bethlem, in 1645, was ordered 'sold for the best advantage of the said hospitall' rather than given to its inmates<sup>249</sup>. One might

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'purging...issues, blisters, setons, & c', 'should not be spared'.

<sup>243</sup> See *infra*, chaps. 4 & 6.

<sup>244</sup> For the diet at Bridewell, see *infra*.

<sup>245</sup> For mutton, see e.g. *BCGM*, 5 Jan. 1672 & 30 March 1677, fols 368 & 360.

<sup>246</sup> *P.R.O., S.P.16, 224, no.21*; Alderidge, 'Management', 161. In fact, the supply of beef and pottage was maintained in quantity, but pottage was exchanged for oatmeal, after 1636. See *BCGM*, 29 April 1642, fol. 382.

<sup>247</sup> See e.g. *BCGM*, 9 & 28 Feb. 1638, 29 April 1642, 24 March, 28 April & 23 Oct. 1643, 30 Jan. 1646, 24 Feb. 1649, 22 Dec. 1654, fols 162, 165, 382, 26-7, 35-6, 74, 239-40, 378, 687.

<sup>248</sup> *BCGM*, 21 April 1653, 27 July 1655, 17 Dec. 1656, fols 604, 712, 779. See also 3 July 1663, fol. 56.

<sup>249</sup> *Ibid*, 21 July 1645, fol. 205. Contrast this with the ideals of self sufficient, productive, working communities, represented by the management of nineteenth century asylums.



conclude, given the combination of poor diet, evacuative dosing and barely rudimentary hygiene which prevailed at the hospital, that patients would have suffered severely during the period from malnourishment, scurvy, and even from the more serious intestinal disorders, enteritis and dysentery, although there is only limited evidence beyond supposition to support this hypothesis. Regimen at Bethlem was very much in accordance, however, with the advice given for the cure of madness by the most orthodox contemporary authorities, such as Burton<sup>250</sup>. Fruit was ambivalently regarded by many contemporary dieticians, as it had been by the physicians of antiquity, Burton citing Crato as to its liability 'to putrefaction'<sup>251</sup>. Bridewell prisoners, too, received nourishment only twice a day, while prisoners' diet was also, evidently, very similar in type to that provided at Bethlem. Indeed, the sharp polarity one would expect to find, given the prescriptions of standard medical texts, between the regimen for the (healthy) sane and the insane, does not appear to have been so pronounced between the prisoners of Bridewell and Bethlem. As might be expected, however, the regimen adopted at Bridewell in 1647, permitted a larger intake of meat than at Bethlem (excessive consumption of meat being commonly beleived to greatly derange the animal spirits), consisting of, four meat days, and three dairy days, as follows<sup>252</sup>:-

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<sup>250</sup> *Anatomy of Melancholy*, pt 2, sec. 2, 307-10. Burton, himself, spoke on the authority of Crato, amongst others, recommending that the 'patient' should 'eat but twice a-day'.

<sup>251</sup> *Anatomy of Melancholy*, pt 2, sec. 2, 307.

<sup>252</sup> See *BCGM*, 7 May 1647, fol. 304.

## BRIDEWELL DIET (1647)

### SUNDAYS-TUESDAYS & THURSDAYS: Meat Days

#### Dinner:

$\frac{1}{3}$  lb of boiled, boned beef

$\frac{1}{4}$  of pottage

$\frac{1}{2}$  of a  $1\frac{1}{2}$ d loaf

$\frac{1}{4}$  pint of 4/ beer

#### Supper:

$\frac{1}{3}$  lb of boiled, boned beef

$\frac{1}{4}$  of a  $1\frac{1}{2}$ d loaf

1 pint of 4/ beer

### WEDNESDAYS, FRIDAYS & SATURDAYS: Dairy Days

#### Dinner:

$\frac{1}{6}$  lb of butter or  $\frac{1}{4}$  lb of cheese

$\frac{1}{4}$  of milk pottage

$\frac{1}{2}$  of a  $1\frac{1}{2}$ d loaf

$\frac{1}{4}$  pint of 4/ beer

#### Supper:

$\frac{1}{4}$  of a  $1\frac{1}{2}$ d loaf

1 pint of 4/ beer

Quantities served to Bethlem patients are, on the other hand, rather more difficult to estimate, but cannot possibly have been as substantial as those afforded Bridewell prisoners, whose rations were supposed to sustain energy for labour, not to deplete noxious humours and thus restore bodily and mental balance. Whereas the Bethlem diet remained unchanged until the move to Moorfields, the allowance at Bridewell was raised in 1658, after complaints of its inadequacy from prisoners too undernourished 'to p[er]forme their Labor'<sup>253</sup>. Within two months

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<sup>253</sup> While quantities of pottage stood as before, each prisoner was henceforth to receive  $\frac{1}{2}$  lb of beef (hot at

these extra helpings were actually being 'conceived' somewhat excessive by the Governors, but no significant reduction appears to have been made<sup>254</sup>. For the inmates of Bethlem; whose diet was slender by design as much as default; whose appetites were conceived as diseased, requiring to be suppressed rather than assuaged; and who were generally regarded as incapable of work, it was inevitably more difficult to make what protests they had about the inadequacies of provisions heard. Even the Bridewell diet underwent only the most minor of alterations, however, over the course of the period<sup>255</sup>.

The Governors did strive to ensure the quality of patients' food at Bethlem, by, for example, instructing the Steward in his articles that 'beofe oatmeale & salt...shalbee bought at the best hand and not of any Chaundler or Huckster' and 'cheese' must always be 'bought...of a Cheesemonger'<sup>256</sup>. While beef of the cheapest cut was bought (i.e. 'Buttocke and Flanke w[i]th the Sewett'), it was supposed to be obtained from 'the best beoffe' available<sup>257</sup>. Yet Stewards often failed to comply with the Governors' decrees, while the Governors themselves exercised only occasional vigilance over the quality and quantities of provisions being distributed to the patients. It was not until the latter seventeenth century, that the Governors began to reject poor quality consumables supplied to Bethlem or to listen to, or at least acknowledge, patients' complaints concerning their diet.

In 1667, the 'broken Beere usually fetched from the Lord Mayor and Sheriffes' was, for the first time, declared 'not fitt to be given to the Lunatikes' and was ordered to be fetched no longer from this source<sup>258</sup>. While relying almost exclusively, henceforth, upon brewers from the Governors' own ranks did not radically improve the quality of beer delivered to the hospital,

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every dinner time and cold at supper times),  $\frac{1}{2}$  lb of bread &  $\frac{1}{2}$  a bottle of beer, for the 4 days as above. On the above 3 days, each prisoner was to have 6oz of cheese or 3oz of butter,  $\frac{1}{2}$  lb of bread and  $\frac{1}{2}$  a bottle of beer, for dinner, and the same allowance at supper. See *ibid*, 10 & 26 Nov. 1658, fols 74-5 & 79.

<sup>254</sup> See *ibid*, 9 Feb. 1659, fol. 101, & also, 27 April 1659, fol. 131.

<sup>255</sup> The Bridewell diet remained unchanged from 1659 until 1752, when meat days were extended to 4 days p/w and the beef allowance to 10ozs on those days; the bread allowance was fixed at a 1d loaf p/d; butter or cheese at 3ozs, & pottage raised to 1 pint, a time; while beer remained at  $1\frac{1}{4}$  pints p/d. See *ibid*, 26 March 1752, fol. 55.

<sup>256</sup> *Ibid*, 4 Nov. 1635 & 23 Oct. 1643, fols 74 & 66. Only butter was allowed to be bought from an unlicensed supplier, and only in the most exceptional circumstances.

<sup>257</sup> *Ibid*, 24 March 1643, fols 26-7. Beef was boiled to make broth, a customary practice in contemporary institutions. See e.g. *ibid*, 21 June 1644, 28 Oct. 1666, 20 May 1681, fols 131, 13, 224.

<sup>258</sup> *Ibid*, 17 May 1667, fol. 45. The customary gratuity to the butlers was also abolished

which was an intermittent source of complaint throughout the period, the Board became more fastidious over what it was prepared to accept and there are signs of a deepening regard for the needs and opinions of patients. Although the Court and Committee disagreed over the choice of another brewer in 1679, the Board appears to have had patients firmly enough in mind in deciding to persist with the existing brewer as having served Bethlem for several years with 'good beere' 'for the use of the poor Lunatikes'<sup>259</sup>. Subsequently, it took the Governors over a year to discover that the beer supplied by the succeeding brewer, elected in 1684, was very small and thin', yet they had also begun to appreciate that it had been 'much complained of by the Lunatikes themselves'<sup>260</sup>.

The Governors were confident that their new diet plan, devised, in 1677, for patients at the Moorfield's building, would both be 'sufficient for their Supporte and maintenance and much more conduce to their Recovery then the former Dyett given unto them'<sup>261</sup>. Indeed, they were sufficiently proud of it to have it publicly displayed in the hospital (alongside other standing orders) for the perusal of visitors<sup>262</sup>. The Board deemed it unnecessary, however, to stipulate what quantities should be permitted each patient, so that staff were still licensed to skimp on patients' rations, while the problem of assessing its nutritional value remains for the medical historian. What seems plain; with patients limited to only pottage and bread, or a mess of the meat broth they had eaten for dinner, heated up with bread, for their suppers; is that this regimen was considerably more slender than that ordained for Bridewell inmates. As the first of its kind extant for Bethlem, this diet sheet is worth reproducing as a summary below:-

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<sup>259</sup> *Ibid*, 23 May 1679, fol. 89.

<sup>260</sup> *Ibid*, 21 March 1684 & 3 June 1685, fols 414 & 76. The gift from Lieut. Col. Becker, in 1683, of 20 barells of beer 'to the poore Lunatikes' is also indicative of the Governors' recognition of how much patients enjoyed a good jar; *ibid*, 4 May 1683, fol. 369. For continuing complaints about beer, see *ibid*, 25 June 1686, fol. 179 & *infra*.

<sup>261</sup> *Ibid*, 30 March 1677, fols 360-61.

<sup>262</sup> See *Ibid* & *BGCM*, 2 July 1735, in *BSCM*, fol. 323.

## **DIET FOR NEW BETHLEM (1677)**

### **SUNDAYS, TUESDAYS & THURSDAYS: Meat Days**

#### **Dinners:**

Boiled meat (mutton or veal on Tuesdays, but otherwise beef  
Broth  
Piece of bread

#### **Suppers:**

Remaining broth, reheated as a mess  
Bread

### **MONDAYS, WEDNESDAYS & FRIDAYS: Dairy, 'Meagre' or 'Banyan' Days**

#### **Dinners:**

Bread  
Cheese or butter

#### **Suppers:**

Milk pottage  
Other pottage  
Bread

(Except Mondays, when water gruel or pease pottage were to be alternatives to milk & other pottage)

### **SATURDAYS: Dairy, 'Meagre' or 'Banyan' Day**

#### **Dinners:**

Pease pottage  
Other pottage  
Rice milk

#### **Suppers:**

Bread  
Cheese or butter

In addition, 'fruite may be given unto them that is most seasonable'

What was missing from the Governors' outline of course was beer, which was given to patients throughout the period in unspecified quantities. The beer provided was invariably 'small beer'; i.e. very weak and diluted, so as to act as a lubricant and digestive (rather than the intoxicant to which insanity was often attributed by contemporaries). Bills amounting to over £200 for beer supplied to Bethlem by 1728, and nearly £400 by 1747<sup>263</sup>, however, suggest that, although the beer was weak, large quantities of it were consumed. Patients were not infrequently, in practice, given more than their advised share; either by purchase or benison from staff or visitors, or by stealing into the hospital's beer cellars unnoticed, and the unauthorised access of 'Strong Beer' and 'other Liquors' to the hospital remained a problem for the Governors for the duration of the period<sup>264</sup>. The basic 'therapeutic' structure of the diet, with three meat days alternating with four meagre days continued unchanged. That dinners and suppers also now seem to have alternated between lighter and heavier meals, may, however, have been conceived as a further aid to salutary digestion<sup>265</sup>. The only other positive alterations appear to have been the introduction of veal, as an alternative to mutton on Tuesdays, 'pease pottage' as a vegetable alternative to oatmeal or milk pottage, and the allowance of 'fruite' in season<sup>266</sup>. Vegetables and fruit can still only have been an occasional item on the menu at Bethlem<sup>267</sup>, and it seems unlikely that patients received the vitamins they required. Stewards' Accounts reveal that, from at least the early eighteenth century, 'Codlins' (i.e. codlings, elongated cooking-apples) were provided 'for ye Patients', every August, yet little else in the way of seasonal fruit seems to have been provided by the hospital<sup>268</sup>. Bridewell prisoners, too, on the other hand, rarely seem to have been given

<sup>263</sup> When planning the erection of a 'brewhouse' at the hospital, in 1752, the Grand Committee estimated that a storage capacity of 97 barells would be required; i.e. over a third of a barrel per patient. See *BSCM*, 6 April 1728 & 17 Jan. 1747, fols 41 & 1; *BGCM*, 15 April 1752, in *ibid*, fol. 290.

<sup>264</sup> While old Bethlem had a large beer cellar, the Moorfields building was equipped with both a large and a small beer cellar. The drawing of beer was restricted, in 1765, to an hour at dinner and half an hour at supper. For this discussion, see esp. *BCGM*, 30 March 1677, 20 June 1765, fols 359, 133-7; *BSCM*, 10 Oct. 1724, fol. 214; *BGCM*, 22 Jan 1780, 15 Sept. 1785, in *BSCM*, & *supra*, chap. 2.

<sup>265</sup> Burton had subscribed to the Roman custom of 'a sparing dinner, and a liberal supper'; *Anatomy of Melancholy*, pt 2, sec. 2, 309.

<sup>266</sup> Indeed, fruit seems to have returned into favour in the medical treatises of the latter seventeenth century. See e.g. Tryon, *Cleanness in Meats and Drinks & Health's Grand Preservative*.

<sup>267</sup> Fruit, along with other rich food stuffs, was forbidden to be given to patients by visitors at the same juncture. See chap. 2, 'Visitors, Provisions and Gifts'. As late as 1746, Frings was still advising that 'no fruit is to be eaten' by the frenzied patient because they grow far in the Stomach'; *Treatise*, 42.

<sup>268</sup> Purchases of 3 or 4 bushels, or of 800 codlings, could not have gone very far between c150 patients. See

vegetables and fruit. The most important reform in patients' diet at this juncture, was, in fact, in its management, rather than its composition, with the formal establishment of a monthly rotation of governors responsible for inspecting the provisions and ensuring 'that the same is duely and rightly expended among the...Lunatikes'<sup>269</sup>.

A vivid account of the evolution and management of patients' diet at the Moorfield's building may be gleaned from the Grand and Sub-Committee Minutes and Stewards' Accounts, although, unfortunately, these records do not survive before the early eighteenth century. The frequency with which provisions were found deficient in quality, quantity and value by Committees gives a poor impression of the standard of patients' diet, and may suggest that suppliers were tempted to fob the hospital off with inferior produce and to pay less regard to the palates of the insane. For example, during just five years (1714-19) of the Committee's oversight of provisions:- the beef was judged neither 'good' nor 'wholesome'; less than three months later, the bread and beer were found deficient in quantity, and the quality of pork incommensurate with its price; the beer was deemed 'not...fitt to drink', after another month; while, four years later, the butter and cheese were both found 'wanting of weight' and the cheese 'Considerably worse than the hospital used to be served with'. In 1753, the delivery of beer in butts was discovered to be causing it to go stale; four years later, the milk was also 'found...very Indifferent', and within another six months the entire stock of provisions was 'Deemed very Indifferent and Deficient in Quality', by the Physician and Committee. Yet this says more about of the generally poor, or variable, standards of contemporary produce and suppliers, than about the mismanagement of the hospital's governors and officers, while other metropolitan hospitals seem to have had no less trouble in this respect. Moreover, that so many deficiencies were discovered is itself an indication of the increased vigilance of the governing board over the nature of patients' diet at Bethlem. Committees were prompt and strict in ordering inadequate provisions taken away from the hospital by suppliers and rectified, or even in dispensing with particular suppliers altogether<sup>270</sup>. While staff had continued to mulct whatever they could from patients' rations, the Board exercised considerable determination in preserving the interests of their charges. When, in 1716, abolishing any entitlement for staff to the kitchen surplus (which had, formerly, encour-

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*BSA*, e.g. 3-10 Aug. 1724, 8-15 Aug. 1725; 21-8 Aug. 1726. Codlings were still being given to patients in August during the 1780s. See e.g. *BSCM*, 4 August 1781, when 'all the Patients' in the hospital were ordered 'Codlings and Milk'.

<sup>269</sup> See *BCGM*, 30 March 1677, fol. 361 & chap. 5.

<sup>270</sup> For deficiencies in provisions and the Governors' response to them, see esp. *BSCM*, 23 Oct. & 11 Dec. 1714, 8 Jan. 1715, 18 & 25 July 1719, 22 March 1755, 31 Dec. 1796, 25 Feb. 1797, 3 May 1800, fols 171, 174-5, 50-51, 473; *BGCM*, 21 March 1750, 20 July 1753, 2 Oct. 1780, in *ibid*, fols 168-9, 360.

aged the Matron and Cook to 'scum ye pottage [of]...all ye fatt' and to 'Cutt off' and sell 'ye fatt of ye Meat before it has been boiled'), and declaring that this had 'been of very great prejudice to ye patients' and 'very much Lessened ye Quantity' of their allowance, the Committee clearly had patients' nourishment very much at heart<sup>271</sup>. Although meat still remained of the cheapest cut, throughout the period, poor quality meat was not merely reserved for the insane, but was generally given to the sick poor housed in early modern institutions. The Governors were careful to obtain guarantees (more especially once a system of contracts with suppliers was adopted from the 1730s), that provisions would 'be all very good in their kind' and to reserve the right to have any sample they 'dislike[d]' replaced. Power over contractors was maintained by advertising and adhering to short term contracts, meaning that suppliers had to compete not only to obtain, but also to renew their agreements<sup>272</sup>. Indeed, by the latter eighteenth century Bethlem and other hospitals were treating their contractors like employees<sup>273</sup>. This power should not be exaggerated, however. The same suppliers often served Bethlem for decades and, frequently being governors themselves, may have been retained because of their friendship, as well as their good service, to the Committee. Only in 1755 was it made a standing order that 'no...Governor...shall be Employed in Serving any Provisions Or Goods for either of the said Hospitals Or be Concern'd in the Building Repairing or furnishing Materials for either...Or any Estate thereunto belonging'<sup>274</sup>.

Changes were also made in the composition of patients' diet, in the course of the eighteenth century, which manifest a slow amelioration in its variety and nutritional value. Little relaxation of strictures upon rich food-stuffs occurred at Bethlem, however, despite the slow recession of orthodox depletion theories in the face of new emphases upon management and patients' capacity to appreciate creature comforts. The introduction of 'Turnipps & Carrotts' to meat days in 1730, and the subsequent provision of 'a better sort of small beer', went some way towards diminishing patients' proneness to scurvy and 'fluxes'; at least this was the opinion

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<sup>271</sup> The Governors found it necessary to repeat their ruling that kitchen stuff be sold for the hospital's benefit, however, in 1796. See *Ibid*, 17 March 1716 & 31 Dec. 1796, fol. 214 & nfn.

<sup>272</sup> See e.g. *BGCM*, 11 Oct. 1732, 22 Sept. 1747, 22 March & 27 Sept. 1760, in *ibid*, fols 213-5, 27-8, 264, 297.

<sup>273</sup> See e.g. *BSCM*, 26 Oct. 1782, where the hospital's baker is discharged for making an unsubstantiated 'Complaint' against a servant, and behaving 'in a most impudent and indecent manner' before the Committee.

<sup>274</sup> *BGCM*, 17 Jan. 1755, fol.170. Governors monopolised supplies to the hospitals during the seventeenth & early eighteenth centuries. Latterly, however, men like Joseph Jefferies, who served the hospital with meat for 15 years (1732-1747), before his proposal was bettered by George Carter, who supplied Bethlem for at least another 12 years (1747-at least 1759), were rarely governors.



(according to Thomas Bowen and William Black, writing in the latter eighteenth century) of the hospital's 'medical officers'<sup>275</sup>. In fact, Stewards' Accounts, extant from 1722, reveal that 'Turnips Mustard & Pepper' were already regular items on the diet, although possibly only for consumption by staff<sup>276</sup>. These accounts also record that patients were treated with mince pies (and, possibly, plumb pudding) at Christmas, and veal at Easter and Whitsun, even if pancakes and fritters on Shrove Tuesday; hot cross buns, bacon, plumb pudding and strong beer, at Easter & Whitsun; and Christmas buns and strong beer, were all reserved for servants alone<sup>277</sup>. By the 1720s, at least, 'Furmity' (i.e. frumenty) was adding spice to patients' meals, while, in 1761, veal was established as a weekly item on the menu 'during the Season' (i.e. 'from Lady-Day to Michaelmas')<sup>278</sup>. Thomas Bowen's 1783 account reveals that, during at least half of each year, patients now enjoyed three varieties of boiled meat (beef, mutton and veal, and occasionally, in winter, pork), while 'on the meat days one gallery [out of the five] is always gratified with roast meats'<sup>279</sup>. The option of butter (instead of cheese) on 'banyan days' was also allowed as a special privilege to 'twelve out of each gallery, in their turn...if they prefer it'<sup>280</sup>. By the early nineteenth century, the novel inclusion of potatoes added a vital source of starch to patients' diet<sup>281</sup>.

The Stewards' Accounts demonstrate most of all, however, how little patients' diet did change over the period under consideration, while one doubts that patients were really accorded

<sup>275</sup> *Ibid*, 26 Sept. 1730, fol. 145; Bowen, *Historical Account* 10, note; & William Black, *A Dissertation on Insanity...* (London, 1810), 28; Hunter & Macalpine, *Psychiatry*, 647. Bowen stated, however, that 'vegetables' and better beer had only 'lately [been] allowed'.

<sup>276</sup> See e.g. *BSA*, 26 Jan.-3 Feb. 1723; 30 Dec. 1727-6 Jan. 1728, fol. 310.

<sup>277</sup> *Ibid*, e.g. 23 Feb.-2 March 1723, 'Making Pancakes 3/9'; 6-13 Feb. 1725, 'Lard Eggs & Apples for Fritters 4/6'; 20-27 March 1726, 'Buns & Ale for ye Servts 3/6'; 7-14 Jan. 1727, 'A Legg Veal for Twelf Night'; 4-11 April 1724, 'fruit for Easter puddings 2/7 Bacon 2/'; 9-16 April 1726, 'Bacon, Eggs, Plumbs & Beer for Easter day 6/8'; 28 May-4 June 1726, 'Plumbs Bacon Eggs & spice for ye Servts 6/8'; 9-16 Jan. 1725, 'Ale for ye Servts on Xmas day 1/'. Entries which, by their quantities, evidently denote items for patients, include:- 11-18 Jan. 1724, '160 Mince Pyes Ea[ch] 6d £4'; 23-30 Jan. 1773, 'Paid 320 minced Pyes at Christmas £8'; 17-14 May 1726, 19 Stone 3lb of Veale for Easter Monday...£2 11/8; 28 May-4 June 1726, *ibid* 'for Whit Monday...£2 8/9'; 15-22 Dec. 1764, 'Fruit & c for Pottage & Puddings £4 5/3'.

<sup>278</sup> *Ibid*, 8-15 May 1725; *BSCM*, 4 April 1761 & *BCGM*, 6 May 1636, fol. 391; Bowen, *Historical Account*, 10.

<sup>279</sup> Bowen, *op. cit.*, 10.

<sup>280</sup> *Ibid*, 10-11.

<sup>281</sup> See *Madhouses Committee Reports*, 1st Report, 1815, 37.

'every indulgence, which oeconomy permits' or that the subtlety of the diet outlined by Bowen was maintained in practice. Changes in diet which were suggested were inspired more often by economy, than therapeutics. Yet economy could hardly be discounted, while changes might also be resisted by the Governors with patients' health sincerely in mind. Whereas the Committee attempted to economise, in 1796, during a period of scarcity of wheat and soaring inflation, by substituting suppers of cheese and bread with cheaper boiled rice or rice milk, it was quick to defer to patients' reactions, when two months later, Thomas Monro reported that the change 'had not agreed with them'<sup>282</sup>. Nor was economy allowed simply to dictate the quality of patients' diet. Indeed, despite having complained about the expense of bread, on finding it deficient at the end of the same year, the Committee permitted the baker to charge 3d more per sack, so that bread could be baked with 'best quality' yeast<sup>283</sup>.

By the latter eighteenth century, although the composition of patients' diet had altered little since the seventeenth century, the quantities permitted had substantially increased. How long patients had been allowed breakfasts, by the time Bowen described this meal in 1783 as a 'constant' ration of 'water-gruel, with bread, butter and salt', is unclear. Patients also, by the 1780s at least, received 8 ozs of meat on every meat day, and 'a pint of small beer' and 8 ozs of bread (the same quantity as established at Bridewell in 1658), at every dinner and supper<sup>284</sup>. According to the testimony of the Bethlem Steward before the Madhouses Committee, patients now consumed, on the four 'meagre days':- 'for breakfast...a large bason of water-gruel' and 2oz of bread; 'for dinner' a quart of milk pottage, 7oz of bread, 2oz of cheese and a quart of beer; and 'for supper', 7oz of bread and 2oz of cheese. On the three 'meat days', patients had:- 'for breakfast water-gruel; 'for dinner', 8oz of meat '(after being dressed)', 7oz of bread, about 1lb of potatoes and a quart 'of table beer'. (The Steward neglected to say what patients had for meat day suppers)<sup>285</sup>. The nutritional value of the Bethlem diet was still inadequate, yet diets at other contemporary institutions were rarely any better. When appealing for funds for the establishment of St. Luke's Hospital, the hospital's founders

<sup>282</sup> *Ibid*, 2 Jan. & 19 March 1796. For St. Luke's almost identical reaction to the same situation and Parliament's recommendation that bread should be a mixture of wheat and barley flour, see C. N. French, *The Story of St. Luke's Hospital 1750-1948* (London, Heinemann, 1951), 35.

<sup>283</sup> *Ibid*, 31 Dec. 1796.

<sup>284</sup> Bowen, *Historical Account*, 10-11; Howard, *Lazarettos*, 33, & ref. 225. Water-gruel was by no means a special ration restricted to the poor insane. It was described, for example, as the 'customary Breakfast' of one 'eminent Attorney' in 1751. See *The Ladies Magazine*, vol. ii, no. xxi, 10-24 Aug. 1751, 331.

<sup>285</sup> See *Madhouses Committee Reports*, 1815, 1st Report, 37.

emphasised, by contrast to orthodox medical prescriptions, that patients 'must have a... Diet, most of them, equal to Persons in Health'<sup>286</sup>. Although, as a challenge and rebuttal thrown out to the traditional regimen for insanity epitomised at Bethlem, the ideological significance of this statement, is beyond doubt; the practical differences between the diets of the two hospitals over the duration of the century appear to have been negligible<sup>287</sup>. While the oculist, John Taylor, observed the actor, Samuel Reddish, at Bethlem, in the 1780s, 'eagerly to gobble' 'a bowl of milk', 'like a hungry rustic'; at St. Luke's, where Taylor had previously visited Reddish, he had attributed the 'lamentable...alteration in...[Reddish's] person...[to the] spare diet' he was 'necessarily confined to' (the expediency of which Taylor, like most of his contemporaries, clearly accepted)<sup>288</sup>. Furthermore, whereas patients at Bethlem and St. Luke's were constrained to meagre rations for reasons of therapy, there were also fundamental economic reasons for skimping upon meals at charitable institutions for the poor, while contemporaries commented widely upon the undernourished appearance of the poor inmates maintained in, or discharged from, the prisons, workhouses, hospitals and asylums, of the period.

The diet of inmates at both Bethlem and Bridewell had also, from an early period, been altered in the event of (bodily) sickness, in recognition of the need to fortify and replenish the constitution for the struggle ahead. When, in 1631, a male patient's leg had become 'so ulcerated' that amputation was considered the likely necessity, it was recognised that 'his diet therefore must be bettered', and the Governors agreed to allow his sister 2/4 per week to so provide<sup>289</sup>. 'Sick dyet' is rarely mentioned in the Governors' Minutes before the eighteenth century, however, and it is unclear how exceptional were the circumstances under which it was introduced, although its composition may have been on the lines of that prescribed for James Naylor in Bridewell, during the 1650s; namely; 'sugar soups water grewell or other fitting necessaryes for a sicke man'<sup>290</sup>. It was, apparently, not until the appointment of a Nurse to

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<sup>286</sup> See *Considerations Upon the usefulness and necessity of establishing an Hospital as a further provision for poor Lunaticks...* (London, 1750), 3, in St. Luke's foundation book, at St. Luke's Hospital, Woodside; *SLCCM*, 10 Oct. 1750, fol. 9; Michael Donnelly, *Managing the Mind. A Study of Medical Psychology in Early Nineteenth-Century Britain* (London, Tavistock, 1983), 7

<sup>287</sup> See French, *St. Luke's*, 18-19, 25 & 34-5; *SLCCM*, *passim*.

<sup>288</sup> Taylor, *Records Of My Life*, 49.

<sup>289</sup> See *BCGM*, 14 Jan. 1631, fol. 211. The patient was one Hobson, and his sister was Barbara Hope, a widow.

<sup>290</sup> For rare references to the 'sick dyet' at Bridewell, see e.g. *ibid*, 29 Jan. 1651, 11 Feb. & 28 May 1657, & 6 May 1736, fols 486, 791-2, 815 & 390. Considerable indulgence was allowed Naylor, despite initial rancour between the prisoner and the officers, when, although sick, he refused (for religious reasons) to eat the beer and meat contained in the house diet. Ultimately, however, the Governors were quite prepared to force a sick diet

Bethlem, in 1692, that the care of the (physically) sick and sick diet became a regular part of the hospital's provision. The Bethlem administration had to deal not merely with patients who were sick, but who found it difficult, or absolutely refused, to eat. Historians are already familiar with the regime of force-feeding and force-dosing inflicted upon patients, often with excessive brutality by staff. Rather less familiar, is that the Nurse appointed, at the initiative of the enlightened Dr. Edward Tyson, was hired to perform the 'very necessary' task of 'looking to and Attending...such [patients] who cannot helpe themselves with their Dyett', an example of the sympathetic, patient-centred, tenor of aspects of the hospital's administration in this period, very much at odds with its standard characterisation as a coercive and unprogressive monolith<sup>291</sup>. By the early eighteenth century, surviving Stewards' Accounts reveal that 'Sick Patients' under the Nurse's care, were receiving special provisions of 'Wine', 'Stale Beer', 'Rum', 'Oyle', 'Sage', 'Spices', 'Fowl', 'Oat cakes' and 'Fish'<sup>292</sup>. Strong beer, or other alcohol, might also be ordered by medical staff (or visitors; see chap. 2) as a tonic for sick patients<sup>293</sup>. From 1785, a list of those patients 'on the sick list' was hung up 'in the Cutting Room', so that staff might know exactly which patients were entitled to sick diet and to circumvent the excessive preparation and consumption of food<sup>294</sup>. With the exercise of increasing discrimination on the types of patients admitted, however, and the declining staff:patient ratio, at eighteenth century Bethlem, those so physically debilitated as to be considered 'incapable of assisting' themselves, were increasingly barred from admission to the hospital by the Saturday Committee<sup>295</sup>. Others under severe restraint might find it particularly difficult to feed themselves. It was not until 1786, however, that the Committee deemed it necessary to instruct servants to 'take care to

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upon Naylor or upon any other stubborn inmate.

<sup>291</sup> *Ibid.*, 16 Dec. 1682, fol. 213.

<sup>292</sup> *BSA*, e.g. 7-14 April 1722; 19-26 Jan., 6-13 April, 20-27 July, 28 Sept.-5 Oct. & 21-8 Dec. 1723; 14-21 March 1724; 9-16 Jan. 1725, 12-19 March 1726; 11-18 Nov. 1727.

<sup>293</sup> Indeed, the bottles of wine ordered for James Tilly Matthews, when sick and dying at Fox's Madhouse in 1814, were not so recent or exceptional a provision as might be thought for the insane at Bethlem. For the ordering of strong drinks for patients, see esp. *BCGM*, 20 June 1765, fols 133-7; *BGCM*, 15 Sept. 1785, in *BSCM*; for Matthews, see *BSCM*, 3 & 10 Dec. 1814.

<sup>294</sup> *BGCM*, 15 Sept. 1785, in *BSCM*.

<sup>295</sup> See e.g. *BSCM*, 24 Sept. 1774, case of Frances Allen, an incurable patient, suffering from 'a Contraction in her Legs'; & *infra*, chap. 6. St. Luke's implemented an identical policy. See *SLHCM*, 27 May 1774, case of Hannah Ford, 'rejected' as 'too weak in Bodily Health to take any Care of herself'.

Cut [the]...Victuals and feed...in a proper manner' the patients 'Confined' on their galleries<sup>296</sup>. Since a resident apothecary had been insisted on at Bethlem, sick diet seems to have been ordered according to his directions, as it was when the Steward testified before the Madhouses Committee. By 1815, this diet was evidently extremely adaptable, being 'changed according to the state of their [i.e. patients'] health', or even religious affiliation; and was fuller than that 'allowed. convalescents', with a quart of mutton broth on top of the usual portions of meat<sup>297</sup>. Clearly, however, its shape had already been well defined during the course of the preceding century.

### Exercise, recreation and occupation

Exercise and occupation were recommended as salutary and therapeutic in cases of insanity throughout the early modern period. Medical theorists and divines, like Thomas Willis, advised a wide range of exercises, sports and pastimes, to divert the insane mind away from its delusions and the source of its disturbance<sup>298</sup>. At Bethlem, by the time of the Madhouses Committee enquiry, however, one of the hospital's own servants was affirming that there were 'no occupations' and 'no amusements' available for patients 'other than walking in the green yard[s], whenever it is fine', and a single pack of cards provided by the Apothecary<sup>299</sup>. The Committee found, in general, that 'wet patients' and any others 'who were inclined to lie a-bed, were allowed [if not encouraged] to do so', because found 'less troublesome in that state than when up and dressed'. Indeed, this might actually save staff 'the trouble of dressing and cleaning them'<sup>300</sup>. The policy, like restraint, with which it was often combined, was liberally resorted to and maintained, either as a simple means of neglect or punishment, or as a way of coping with severe problems of understaffing. Yet apathy was not the pattern of every patient's life at Bethlem, nor does it appear to have been so rife prior to the curtailment of public visiting, which, whatever its ills,

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<sup>296</sup> BSCM, 25 Feb. 1786.

<sup>297</sup> *Madhouses Committee Reports*, 1st Report, 1815, 37.

<sup>298</sup> See e.g. Thomas Willis, *The Practice of Physic* (London, 1683), 194; John Moore, *Of Religious Melancholy. A Sermon Preach'd before the Queen...* (London, 1692); Mead, *Precepts*, 100-101; Cheyne, *The English Malady*, chap. vi, 172-83; Thomas Withers, *Observations on Chronic Weaknesses* (York, 1777), 140-3; & Hunter & Macalpine, *Psychiatry*, 191, 253 & 463. Frings recommended 'moderate exercise', 'Music' and entertainment, but favoured 'Sleep' more than any of these prescriptions; see his *Treatise* (1746), 43-4.

<sup>299</sup> 1st Report, 1816, 92.

<sup>300</sup> See *ibid.*, 12, 35, 40, 58 & 1st Report, 1816, 55, & *Report of the Commissioners Enquiring Concerning Charities* (London, 1837), 514.

seems at least to have acted as a stimulus to patients. Bethlem's location in the city centre inevitably restricted the outdoor recreation open to patients. In this sense, however, medical theory by no means endorsed practice. Physicians emphasised the benefits of exercise and country air, and (on these grounds) expressed their preference for confinement in the country, rather than the town, long before hospitals were situated in accordance with the ethos of 'retreat' and 'asylum'<sup>301</sup>. Walking in the airing grounds or galleries was not the only form of exercise or occupation available to Bethlem patients. Throughout the period under consideration, cooperative and convalescent patients were employed either as helpers about the house or occupied in activities of their own. During the seventeenth century, patients seem rarely to have been employed. The retention in 1624 of 'a simple fellow' and of 'a mad woman' at Bethlem, because the former 'doth service in the house' and the latter was 'sometime a servant to the Matron of Bridewell', echoes figures in literary representations of Bedlam, such as 'the Sweeper' of Dekker's *The Honest Whore*, an ex-patient, subsequently taken on to perform the menial tasks of the house<sup>302</sup>. Yet references to working patients at Bethlem are on the whole extremely sparse before the eighteenth century, although this may be partly a product, of the inadequacy of the available records. Stewards' Accounts and Committee Minutes surviving from the early eighteenth century reveal that an informal policy of rewards and privileges for labouring patients was already in operation at Bethlem, adumbrating the system of moral management that was subsequently to be espoused at lunatic hospitals at the end of the century. For the duration of the eighteenth century, patients were regularly recompensed in money and in alcohol for a wide variety of services at Bethlem, from 'cleaning' or 'Leavelling the Yard' and 'burning the Straw', to 'Screening Ash's', serving provisions and 'trying [out] the [fire] Engine'. Exceptionally, but indicative of the openness of the hospital, patients were even employed and rewarded for helping capture another who had escaped<sup>303</sup>. There are signs, however, that this practice was being medicalised and restricted. A ban on patients serving provisions in 1769 (reiterated in 1785), may have eased the 'great inconvenience' which resulted (presumably, through favouritism and arguments amongst the patients), but it also reduced the range of employments open to patients<sup>304</sup>. By the latter

<sup>301</sup> Battie, *Treatise*, 68; Monro, *Remarks*, 36-7.

<sup>302</sup> See *BCGM*, fol. 368; Allderidge, 'Management', 159; *Honest Whore*, Part 1, V, ii, ls 109-12.

<sup>303</sup> See *BSA*, e.g. 22-9 July & 11-18 Nov. 1727; 9-16 March 1728, 7-14 June 1729; 14-21 Jan, 11-18 Feb., 10-17 March & 7-14 April 1764; 12-19 Jan. 1765; 26 April-3 May & 30 Aug 6 Sept. 1766; 27 March-3 April, 14-21 Aug., 2-9 & 9-16 Oct. 1773; *BSCM*, 19 June 1756, 12 Jan. 1765, 7 Oct. 1769 & 31 Dec. 1796; & Andrews, ' "Hardly a hospital, but a charity for pauper lunatics" ? : Therapeutics at Bethlem in the seventeenth & eighteenth centuries', forthcoming in Jonathan Barry & Colin Jones (eds), *Medicine and Charity* (1991).

<sup>304</sup> *BSCM*, 7 Oct. 1769 & *BGCM*, 15 Sept 1785, in *BSCM*.

eighteenth century, patients might even be appointed as helpers by the medical staff (who would also define their convalescent status), like the patient 'permitted to assist the Cook' and 'allowed a pint of Porter a day', who was ordered selected by the resident apothecary, in 1796<sup>305</sup>. That the only employment performed by patients and mentioned at the 1815/16 enquiry, however, was their occasional assistance 'in cleaning and scowering the galleries', gives a somewhat misleading impression of the occupations available to patients at eighteenth century Bethlem<sup>306</sup>. I have outlined this proto-type of occupational therapy elsewhere<sup>307</sup>, so shall restrict discussion here to observations intended to supplement this account.

The policy of employing patients at Bethlem may owe something to its joint governorship with Bridewell, where the poor were rather more emphatically put to work, and to the example of contemporary workhouses. The policy had much more to do, however, with under-staffing at the hospital. Indeed, inmates were transferred from Bridewell to Bethlem because 'unable to work', while the Governors never spoke explicitly, in this period, about the positive, therapeutic benefits of employing the insane at Bethlem. The restriction of employment to convalescents is indicative of the limited therapeutic virtues with which it was accorded. Patients had been engaged in serving provisions as a supplement for staffing, rather than as a means of therapy; thus the hiring of two assistant basketmen to perform this task did not require the provision of new employment for convalescents. Moreover the numbers of patients employed at Bethlem were paltry in the extreme. The single patient paid a shilling every month during 1764 for screening ashes, was clearly the same specially chosen individual, and is the only working patient recorded in the Steward's Accounts for that year. One of the 1815/16 Madhouses Committee members was to suggest that a disincentive existed for working patients at Bethlem, in that they were referred to as 'Cads' in the hospital, presumably by other patients who resented their preferential status, although the Steward totally denied the charge<sup>308</sup>. Occupation might also become exploitation as a policy in the hands of staff. Metcalf relates how, by the early nineteenth century, patients were bribed or coerced into becoming 'bullies' or 'drudges' by servants keen to ease the demands of their attendance and labour<sup>309</sup>. While the Board certainly became more solicitous about

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<sup>305</sup> See *infra*, & *BSCM*, 31 Dec. 1696.

<sup>306</sup> 1st Report, 1815, 36.

<sup>307</sup> See Andrews, 'Hardly a hospital....'.

<sup>308</sup> See 1st Report, 1815, 36.

<sup>309</sup> Metcalf, *Interior of Bethlehem*, 8 & 10.

occupying patients after mid-century, management at Bethlem was still far removed from the dramatic portrayals of Doerner and Foucault of 'the mass mobilization of human labour', the integration of the poor insane 'as workers in the economic domain' and of 'labor [as]...at least the essential justification of confinement'<sup>310</sup>. As early as 1715, active reformers, like Robert Nelson, were already envisioning and recommending to the Governors of public charities schemes for the employment of the poor 'in all Sorts of Manufactures and Services', yet they were concerned with good 'Husbandry' and enlarging the scope of provision, rather than with therapy, and hospital boards failed to follow their leads<sup>311</sup>. When the Bethlem Governors grew insistent about the need to occupy patients, they were more concerned with female patients and a chauvinistic sense of propriety, than with therapy or productivity. The Board issued no formal order to govern this practice, until the 1750s and 60s, and rulings were made then to ensure only that each *maid servant* had 'a proper Number of such hands as are fit for Work to assist her' and were not deprived of their helpers by other members of staff<sup>312</sup>. While segregation at the hospital ensured a degree of equality in the types of work performed by each sex, a greater insistence upon the employment of female patients; their (almost) exclusive selection for laundry duties and sewing; and their general confinement to the more domestic chores of the house, already anticipates the rigid circumscription of female labour in nineteenth century asylums<sup>313</sup>. Of course, this was entirely conventional, reflecting the pattern of employment and gender relations outside the asylum. More significantly, however, female patients appear to have been considered more prone to mopingness and idleness, and more in need of occupying. Standing orders now established said nothing about putting male patients to work. Staff were simply required to 'Employ' all unoccupied and 'Capable' female patients 'at their Needle', instead of letting them 'Walk Idle up and down the House' in pursuit of visitors; to turf all 'low Spirited or...Mopish' females out of their beds and cells, and to lock the doors behind them; and to acquaint the physician of malingeringers. Yet there was clearly a therapeutic ideal behind the coercive tenor of the Court's directives. They not only say a great deal about prevailing associations of insanity with idleness, but are also very much at odds with the scenes of inertia and indolence described in the 1815/16

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<sup>310</sup> Doerner, *Madmen & the Bourgeoise*, 35 & 51, Foucault, *Madness*, 60, chap. ii, 38-64 & chap. viii, 230-4.

<sup>311</sup> Robert Nelson, *An Address to Persons of Quality and Estate* (London, 1715), 208-9.

<sup>312</sup> See *ibid* & *BCGM*, 20 June 1765, fol. 135; *BSCM*, 19 June 1756, fol. 1.

<sup>313</sup> See Showalter, *The Female Malady*, 40-42 & 80-84.



Madhouses Committee Reports<sup>314</sup>. Just how strictly these orders were enforced, however, is difficult to substantiate. Practice at Bethlem consistently belied the Governors directives. and one can assume, at best, that such efforts to galvanise and order the population of the hospital (particularly, its female members) were only partially successful. At the very least, however, one can add a serious query to Showalter's confident assertion that 'therapeutic labor was first introduced into asylums in the 1830s at Hanwell'<sup>315</sup>. While, as Michael Donnelly concluded, 'the lunacy reformers developed the *therapeutic* rationales of labour and continuous occupation [as]...the logical antidote to the idleness and dissipation on which so much of Bedlam's disorder and anarchy were based'; the extent of idleness and disorder at early modern Bethlem was misrepresented for the sake of such 'reform'<sup>316</sup>.

Apart from employment, the inmates of Bethlem might also be permitted a limited number of material recreations, in particular, books, writing materials and even newspapers, while the gradual addition of patients' sitting rooms at the hospital, encouraged patients to integrate socially <sup>317</sup>. When von la Roche visited the hospital in the 1780s, she 'saw some of the quieter patients...sewing', others reading and writing, 'and others sitting together', and claimed that these patients were 'gladly allowed to make friends and be sociable'<sup>318</sup>. The Steward's Accounts record the purchase of a 'Sett of Skittles for Patients' in 1773, while just six years later, the game evidently proving a success with the patients, he was ordered to 'Buy Two [more] Sets of Skittles' for them<sup>319</sup>.

#### **'A regime of undifferentiated restraint and fear' ?**

The question heading this section is a statement taken from Andrew Scull's *Social Order/Mental Disorder*<sup>320</sup>, and represents one characterisation of the environment of the early modern asylum—

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<sup>314</sup> BCGM, 20 June 1765, 135.

<sup>315</sup> Showalter, *The Female Malady*, 40.

<sup>316</sup> See Donnelly, *Managing the Mind*, 36.

<sup>317</sup> For newspapers, see BSA, e.g. 24 March-7 April & 22-29 Sept. 1764. That only 7d was spent on papers each week, however, may suggest that they were purchased for staff, not for patients.

<sup>318</sup> *Sophie in London*, 167-9. See, also, *Steward's Accounts*, e.g. 30 March-6 April 1766, which record purchase of 'Newspapers...at 7d per Week', for 50 weeks.

<sup>319</sup> BSA, 24 April-1 May 1773; BSCM, 17 July 1779.

<sup>320</sup> Scull, *Social Order/Mental Disorder*, 76.

of which Bethlem has been the greatest emblem—that is in some need of revision. While I shall be (and have been) answering ‘no’, or rather, ‘not entirely’ to this question, and shall be outlining the shortcomings of this assessment as far as Bethlem is concerned, it would be best to begin with the case for the prosecution.

The use and abuse of restraint at Bethlem was adjudged to be one of the most reprehensible features of its regime by the Madhouses Committee and, on any reading of the evidence of witnesses, there is little disputing the Committee’s judgment. Restraint was found to be deployed at the hospital ‘much beyond what is necessary’, both in its scope, and in the length of time it was continued. It was imposed to such a degree as positively to retard recovery; not simply as a method of controlling the ‘outrageous’, but as a means of ‘punishment’ and often at the slightest of provocations; less out of conviction in its salutary utility, than as a means of coping with a disproportionate staff:patient ratio<sup>321</sup>. It would be a mistake, however, confidently to project backwards and accept the Committee’s assessment as a uniformly accurate reflection of treatment at early modern Bethlem, or as conclusive proof of the regressiveness and brutality of its regime in, let us say, the 1640s, 1720s or even 1770s. The Committee’s verdict and the questions it asked witnesses were inspired very much by developments over the preceding two decades which had placed the use of restraint upon the insane under a new and intensely doubtful scrutiny, set starkly against the evangelising system of treatment known as ‘moral therapy’, which took ‘self-restraint’ (or what Scull appealingly terms, ‘the internalization of control’) as its first principle of management. Amongst these developments, one should cite, in particular, Pinel’s loosing of the chains of the mad at Bicêtre and the translation into English of his *A Treatise on Insanity* (1806); the supposed insanity of King George III and the public debate aroused over the treatment and restraint to which he was subjected; and the foundation of the York Retreat and the publication of Samuel Tuke’s *Description of the Retreat* (1813). The exclusion of public hospitals like Bethlem from the visitations of the Lunacy Commissioners, J.P.s and physicians, required by the Act of 1774, seems also to have permitted restraint to be more widely employed there, over the ensuing decades, than in private institutions<sup>322</sup>. Of course, the revelations at Bethlem, York, etc., in 1815/16 were themselves part of the progress of public awareness of, and disenchantment with, the ills of the old ‘terrific’ system. Few, however, had raised their voices against the liberal recourse to restraint at lunatic hospitals before the 1790s.

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<sup>321</sup> See *ibid.*, esp. summary report, dated 11 July 1815, 4; 1st Report, 1815, 12-13, 16, 38, 40, 42, 58-60, 62-7, 82-90, 95-8, 106, 108, 132; 2nd Report, 150-52; 3rd Report, 175-7; 1st Report, 1816, 38-44, 47, 50, 55-7, 90-92.

<sup>322</sup> See e.g. Hunter & Macalpine, *Psychiatry*, 602-10, 612-3, 672-5 & 684-90.

When c1770, Grosley witnessed 'a whole gallery of large cells in Bedlam...in each [of which]...a poor wretch was lying chained up in his bed' he expressed neither surprise nor disapproval. Indeed, when one of these patients, 'having rid himself of his chains...leapt upon the back of one of [his]...conductors', Grosley admired the brisk and accomplished way he was taken 'by the arm, and led...back to his room [presumably to be restrained again], without leaving him time to change his disposition'; acknowledging the conductor as 'precisely his quarter master'<sup>323</sup>. Sixteen years later, Sophie von la Roche saw 'the forethought and humanity of the authorities' of Bethlem as 'exemplified' in both the application and the manner of restraint in use there. Chains, had been replaced by the 'strong-jacket', which, she claimed, obviated the aggravating tendency of 'chains or straps to rub sores if [patients]...made frenzied gestures', rendering the insane 'harmless without having to suffer', and which was only and quite properly administered 'if they should show signs of restlessness while strolling around loose'<sup>324</sup>. Sophie had relied for her account, however, as much on the guidance of her conductor (who seems to have been John Gozna, the resident apothecary), as her own observations, and her impressionability and naivety are in evidence throughout. In fact, practical experience of the strait-jacket was to convince some practitioners and laymen involved in the care of the insane of its inferiority to traditional methods of mechanical restraint. Within a decade of Sophie's visit, after the succession of John Haslam to the post of Bethlem Apothecary (1792), the hospital reverted 'by degrees' to its old system of manacles and leg-locks. Haslam's opposition to the strait-waistcoat is well known. It was, argued Haslam, repressive, degrading and constricting. It was uncomfortably hot and provoking of perspiration; it disabled movement of the arms, hands and fingers, and prevented the patient from relieving sources of irritation; its tightness was 'always at the mercy of the keeper' and thus, liable to impede respiration, and it inhibited attention to 'personal cleanliness'<sup>325</sup>. Whatever its merits or demerits, what seems clear is that the strait-waistcoat had originally been introduced to Bethlem for the best of motives, with patients' interests firmly in mind, and was dispensed with subsequently, under Haslam's influence, for the same reasons. Yet Haslam's was still a minority viewpoint, particularly his assertion that extra keepers would make no difference to the necessary extent of restraint at the hospital<sup>326</sup>. Thomas Monro and

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<sup>323</sup> Grosley, *Londres*, 13; 'un de ses garrotés, s' étant débarrassé de ses chaînes...sauter sur le dos d'un de mes conducteurs: c'étoit précisément son maître de quartier. Le conducteur lui saisit les bras, & le reporta dans sa loge, sans lui laisser le temps de changer d'attitude'.

<sup>324</sup> *Sophie In London*, 167-8.

<sup>325</sup> See *Madhouses Committee Reports*, 1815, 1st report; 62-3; Haslam, *Observations on Madness*, 289.

<sup>326</sup> See *ibid*, 62 & 95-6. Given the close association of Sir Jonathan Miles with Bethlem and its medical officers,

most other witnesses at the 1815/16 enquiry, considered 'a strait-waistcoat a much better thing than irons'. Indeed, Monro's testimony indicates that the employment of irons at lunatic hospitals was justified more on the basis of class and economy, than on medical grounds; suitable only for the sensibilities of the pauper insane and only 'in a hospital [where] there is no possibility of having servants enough to watch a great number of persons'<sup>327</sup>.

The use of the strait-waistcoat at Bethlem may, in fact, throw some light upon some unanswered questions of psychiatric historians as to 'when it was introduced' and when it came into more general usage<sup>328</sup>. The first record found by Hunter and Macalpine of the strait-waistcoat being employed, was in Bethnal Green madhouse upon Alexander 'the Corrector' Cruden in 1738, while the same historians also observed how it had descended into popular literature by the 1750s and 60s<sup>329</sup>. The standard assumption has been that the strait-waistcoat was employed first in private madhouses and adopted by public hospitals only towards the latter part of the century, and there is little to contradict this impression in the Bethlem archives. The two 'long sleived', 'strong', 'Ticking Wastcoat[s]' bought for William Steel in the space of six months, during 1728, at a cost of 17/ each, and the two 'long sleived duple Wastcoate[s]' bought for person(s) unnamed, in 1731, at a cost of 12/ each, may conceivably denote early strait-waistcoats, which certainly had long sleeves and were 'made of ticken, or some such strong stuff'<sup>330</sup>. No patient in Bethlem at this time, however, appears to have been called William Steele, although it is unlikely that Steele was a member of staff, or that these coats were merely those ordinarily provided for servants by the hospital<sup>331</sup>. Subsequent entries in the Stewards' Accounts

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it is, perhaps, no surprise that he supported Haslam's opinion of the strait waistcoat; see 3rd Report, 174. Yet, as Scull observes, Haslam's view continued to be echoed by a number of eminent writers and practitioners over the ensuing decades. See Scull, *Social Order*, 70-71.

<sup>327</sup> *Ibid*, 1st Report, 96.

<sup>328</sup> See Hunter & Macalpine, *Psychiatry*, 449.

<sup>329</sup> See *ibid* & Cruden, *The London-Citizen Exceedingly Injured*, title page & 8.

<sup>330</sup> Indeed, the fixed charge for an ordinary 'coat' for a male patient was 14/, prior to 1734, not 17/ or even 12/. See *BSA*, 11-18 May & 21-28 Sept. 1728, & 13-20 Feb. 1731, fols 329, 348 & 474; *BCGM*, 22 Jan. 1734, fol. 325, & Hunter & Macalpine, *Psychiatry*, 449.

<sup>331</sup> There was a private patient in Bethlem called Richard Steel, of Croydon, Surrey, who was admitted on 9 Oct. 1725 and died on 14 May 1728, coincidentally with the first mention of the purchase of a waistcoat in surviving Stewards' Accounts. Yet Richard Steele was already dead by the time more waistcoats were bought for William Steele and others unnamed. See *BAR*, fol. 88. The purchase of servants' coats was not normally recorded in the Stewards' Accounts, however.

reveal that the hospital was still very much reliant on 'Legg Lock[s]' and 'HandCuffs' during the 1760s<sup>332</sup>. Even at Bethnal Green, as late as 1738, according to Cruden, 'there were but two...Strait-Wastecoats in the house', which had themselves been an exceptional commission for an especially wealthy patient<sup>333</sup>. Indeed, it was not until the 1770s that the purchase of 'strait Waistcoats' and the 'strings' for them are explicitly mentioned in the Bethlem Stewards' Accounts<sup>334</sup>. Significantly, this was concurrent with the first advocacy of the strait-waistcoat by any established physician in a medical textbook<sup>335</sup>. Moreover, strait-waistcoats were introduced to Bethlem almost immediately after the appointment of John Gozna as resident apothecary, in 1772, and were indubitably his personal initiative. Even then, 'handcuffs and chains' were abandoned only gradually, and never entirely, as von la Roche believed. They continued to be purchased and used for the Infirmary<sup>336</sup>. Moreover, as the medical statistician, William Black, observed on Gozna's authority, irons were still deployed upon 'the ferocious maniac' and '[some] of the Incurables', whom he declared, without disapproval, to be 'kept as wild beasts, constantly in fetters', demonstrating the inveteracy of bestial conceptions of the insane and of the punitive, terrific mode of restraint at Bethlem<sup>337</sup>. Yet, although Bethlem seems to have adopted the strait-waistcoat much later than private madhouses, this might be expected given the economic constraints and social prejudice surrounding provision for the poor insane, while even a 1770s adoption may be seen as keeping abreast of initiatives being taken at other public institutions and being supported by established medicine. St. Luke's was also relying on (cheaper) 'Hand-cuffs and Leg Logs' in the 1760s and seems to have converted to strait-waistcoats no sooner than

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<sup>332</sup> See *infra*.

<sup>333</sup> Cruden, *The London-Citizen Exceedingly Injured*, 8.

<sup>334</sup> See e.g. *BSA*, 30 Jan.-6 Feb. & 27 March-3 April 1773.

<sup>335</sup> David Macbride, *A Methodical Introduction to the Theory and Practice of Physick* (London, 1772), 591-2, cited in Hunter & Macalpine, *Psychiatry*, 449-450.

<sup>336</sup> See *BSA*, e.g. 5-12 June 1773; 'Paid Chains for the Infirmary 6/8'.

<sup>337</sup> See Black, *A Dissertation on Insansty: Illustrated with Tab es and Extracted from Between two and Three Thousand Cases in Bedlam* (London, 1810), 13-14; Hunter & Macalpine, *Psychiatry*, 644-7 & also *BSCM*, 15 Sept. 1785 & 21 Jan. 1786, re. instructions for staff concerning the feeding and shaving of Patients...Confined either by Streight Waistcoats or otherwise' and 'such Patients as are in Chains'. During the course of the 1815/16 enquiry, both Haslam and members of the interrogating Committee referred to some patients as 'animals'. See *Madhouses Committee Reports*, 1st Report, 1815, 67, where the Committee refers to Haslam's use of mechanical restraint to render 'the most outrageous Maniac...an innoxious animal' e.g. The phrase had been employed first by Haslam himself, in the same connection; 63.

Bethlem<sup>338</sup>.

In the period before the controversy over restraint versus non-restraint, or even over what kind of restraint, had emerged, it is more important to ask on what grounds, and how widely, restraint was being instituted at Bethlem, than to debate the ills and virtues of types of restraint. The difficulty is in arriving at a satisfactory answer to this question. Very little precise or quantifiable information exists concerning the hospital's use of restraint prior to the nineteenth century. The best idea of the extent of restraint at Bethlem is conveyed by the Stewards' Accounts, although their survival is patchy and a large number were still awaiting conservation and binding when this thesis was being written. That sixty leg-locks and a dozen handcuffs were purchased by the Steward, however, within the space of just two years, during the 1760s, does indicate that restraint was being very widely employed on the hospital's 260 or so patients by its skeleton nursing staff of ten or eleven<sup>339</sup>. Orders for the provision of mechanical restraint at St. Luke's in the same year, on the other hand, suggest that neither the extent, nor the type of restraint in use there were very different from that maintained at Bethlem<sup>340</sup>. Foreign visitors normally accepted the restraint in force at Bethlem as necessary, if not actually minimal in the circumstances as they conceived them. While de Saussure, like Grosley fifty years later, found 'a corridor' of 'cells' in which 'most of' the patients were 'chained', he described these 'maniacs' as 'dangerous...and terrible to behold', while, on the other hand, he observed that 'many inoffensive madmen walk in the big gallery'<sup>341</sup>. In 1788, another French visitor was even more emphatic, admiring the 'open doors' and other freedoms from 'bolts' and 'bars' permitted

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<sup>338</sup> See e.g. *SLHCM*, 21 Nov. 1760, 12 Oct. 1664 & 20 June 1777.

<sup>339</sup> *BSA*, 16-23 June 1764; '4 Doz[e]n of Men & Womens Legg Lock £6 6/'; 24-31 May 1766; '1 Doz[e]n leg Locks a[t] 33/. 1 Doz HandCuffs 30/...[total] £3 3/'. The lengthy description of smith's work needing to be done at Bethlem in 1791, contained in a voluminous surveyor's report of necessary repairs, evokes a rather gruesome picture of the standard degree of restraint there:-

To take off all the Locks Latches Catches Bolts Bars Hinges and Grates that are found bad and decayed and replace and make good with new and to provide and fix on proper Strap Irons with Chains and Staples where they may be wanted to compleat all the New Bed Steads and bed places and to take off and repair and refix the old Straps Chains & c to fix new Stay braces straps and irons as shall be directed...etc

See *BGCM*, 29 June 1791, fols 34-5.

<sup>340</sup> See *SLHCM*, 12 Oct. 1764:- 'the following necessities are wanted...One Dozen of Chain for the kitchen. Half a Dozen for the Women Patients New Room and Same Benches round it. Chain Benches and a Table for the Men Patients Room...Six pair of Handcuffs. Six large Comon Stock Locks that go in Suit about the House. Ordered provided'. See, also, *ibid*, 13 Jan. 1664, where James Drewitt is found to have escaped from St. Luke's despite having 'Irons' on both 'his Arms & one of his Leggs', and 2 servants are sacked for their complicity.

<sup>341</sup> De Saussure, *Foreign View*, 93.

'the poor creatures there [who] are not chained up in dark cellars', but allowed to 'exercise' in 'long airy corridors'<sup>342</sup>. Describing Bethlem in the 1770s and 80s, William Black claimed that 'by far the great majority of Patients in Bédlam...walk peaceably along the long wards' and that 'a very small number even of the Incurables' were 'constantly' chained. A very large proportion of patients, nevertheless, seem to have been subjected to the temporary intimidation of irons, strait-waistcoats and solitary confinement, and to have been securely restrained in their beds at night<sup>343</sup>. Moreover, the hospital's increasing prioritisation of 'dangerous' or 'mischievous' cases, particularly after the establishment of the incurables' wards (to which only those deemed 'fit'—i.e. 'incurably mad, mischievous...ungovernable' and 'outrageous', whose 'Enlargement would be Dangerous' or who 'are likely to do mischief to themselves or others'—were admitted), had also encouraged a higher degree of restraint at Bethlem than was maintained at other hospitals and mad-houses<sup>344</sup>. Indeed, it was on these grounds that, during the controversies of 1814-16, the hospital's governors and medical staff attempted to justify the use of 'more restraint' at Bethlem than elsewhere<sup>345</sup>.

By 1815, there were more than 120 patients at Bethlem, with only two female, and five male, keepers, yet the staff:patient ratio was still considerably superior to that which had prevailed at the hospital from 1728-85 (see chap. 5, table 5c). On this evidence alone, one would assume that, for most of the eighteenth century, Bethlem was substantially more reliant upon manacles and leg-locks than it was to be when the policy was denounced by the Madhouses Committee. (The extent of restraint at the Bethlem of the 1780s was something which the misty-eyed von la Roche failed to notice). According to the same argument, one might also assume that staff dealing with much smaller numbers of patients at the Bishopsgate building would have had far less recourse to irons. Yet what information does exist, provides little support for such a supposition. Conscious of declining staff:patient ratios during the course of the seventeenth century (and seeking gratuities from the Court), staff not surprisingly took to complaining about 'the greate

<sup>342</sup> *De Londres et ses environs*, quoted in O'Donoghue, 282-3.

<sup>343</sup> Black, *Dissertation*, 13-14; Hunter & Macalpine, *Psychiatry*, 646. In 1790, a maid servant was dismissed 'particularly' for 'omitting to secure the Patients in their Cells at Night', reflecting the importance attached by the governing board to matters of security, although this often simply seems to have entailed locking their doors. See *BSCM*, 2 Oct. 1790.

<sup>344</sup> See e.g. chap. 6, 'Patients'; *BCGM*, 15 Nov. 1723, 12 July 1728, fols 25, 153, 63; & Andrews, 'Incurably insane'.

<sup>345</sup> See *Madhouses Committee Report*, 4th Report, 1815, appendix 3, 201. See also 1st Report, 1815, 102, where Haslam defines incurables discharged from Bethlem as 'not fit' as those 'not of a mischievous disposition', from whom 'society has nothing to dread'.

number of Lunatikes' and of 'their labour and Service being very weake and oftentimes very daingerous' as a result<sup>346</sup>. Just how many patients, however, were allowed liberty outside of their cells to threaten staff is unclear. The 'miserable poore Creatures' witnessed by John Evelyn at old Bethlem in 1657 were certainly 'in chaines'<sup>347</sup>. Jacobean literature contains a number of scenarios in which patients are permitted a brief period of freedom before being bundled off to their cells by staff, following signs of agitation before visitors<sup>348</sup>. Indeed, the welcome extended to public visitors to Bethlem must, itself, have necessitated exceptional levels of restraint there, compelling or encouraging staff to confine those patients who might, in any ways, endanger or annoy the hospital's patrons. In the original design of the Moorfields building, patients' therapy and liberty was conceived as thoroughly subservient to the needs for public spectacle and public safety; patients initially being forbidden to walk in the galleries partly out of anxiety that 'such persons as come to see the said Lunatikes may goe in great Danger of their Lives'<sup>349</sup>. The necessity for high levels of restraint was sustained throughout the period, not by staff:patient ratios or economic determinants, but by a prevailing lay and medical outlook which saw primary responsibility to the insane as a matter of security, and their treatment as very much a matter of subjugation, gaining authority over them, or even taming them. The insane needed to be securely confined most of all because they were 'dangerous to themselves and others', and the force of their representation as unpredictable, volatile and animalistic, broached little loosening of their fetters. The punitive nature of restraint at Bethlem may owe something to its union with Bridewell; indeed, the rationales behind the imposition of restraint at both hospitals were almost identical. Being 'put to the manacles' had long been routinely employed at Bridewell and other contemporary prisons as a form of torture (commonly justified by the governing classes in terms as if applying a truth serum), aimed at forcing prisoners to break down and confess. Apprentices, too, might find themselves under the inducement and restraint of 'a Legg and chaine', if found unruly or 'abusive', in order, not simply to prevent them from going 'abroad', but moreover to inflict a correctional period of deprivation upon them. Often, however, irons were only applied 'if faire meanes and perswacions' failed<sup>350</sup>. Likewise, the potency of mere

<sup>346</sup> See e.g. *BCGM*, 2 Nov. 1666, fol. 15.

<sup>347</sup> Evelyn, *Diary*, ed. De Beer, 191-2.

<sup>348</sup> *The Honest Whore, Part 1*, V, ii, ls 230-40 & 320-27; *The Changeling*, III, iii, ls 79-95; *The Pilgrim*, III, vii, ls 48-51, 160-70; IV, iii, ls 94-107; see also IV, iii, ls 181-3, where 'irons' are 'brought in' for Alphonso and brandished with the words 'down with that Devill in ye'.

<sup>349</sup> *BCGM*, 5 May 1676, fol. 246.

<sup>350</sup> See e.g. *Acts of the Privy Council* (ed.), Dosent (London, HMSO, 1902), vol. xxvi, 1596-7 325, 373-4



confinement and 'restraint' in Bethlem was often seen as suffice for the mad to 'come to a much better understanding', yet, as in the case of Splaudian Lloyd, the lunatic nephew of Lord Lumley restrained in Bethlem at the Lord Chief Justice's command in 1601, such a measure was commonly arrived at as a last resort, after other 'means used for his cure' had failed<sup>351</sup>.

One must be careful, however, not to caricature the practice or mentalité of the classical age. Being shown before visitors might act as an excuse, or even an incentive, for patients to leave the confines of their cells. Medical opinion was far from unmitigated in its espousal of restraint as expedient and efficacious. On the one hand, Thomas Willis had no doubts that madness 'requires...bonds', from its onset, and actually included restraint, alongside 'threatening...[&] strokes', as his 'first Curatory Indication'<sup>352</sup>. On the other hand, Richard Mead, who also thought 'binding...sufficient' 'to bring ['mad folks'] into order', advised it only for 'those who are outrageous' and only as 'sometimes necessary...[for] those who are too unruly' to be 'curbed' by other means; and it was Mead's view, rather than Willis's, which was the most orthodox<sup>353</sup>. At the beginning of the nineteenth century, John Haslam, while emphasising the morally improving effects of restraint as a means of punishing and 'degrading' the 'sensible' patient 'for improper behaviour', viewed it primarily as a means to 'prevent' 'the most violent' patients 'from doing mischief to themselves' or others<sup>354</sup>. Although, then, restraint was seen as actively therapeutic, in subduing the violence and refractoriness of the insane, it was justified more as an expedient than a cure, more as a last, than a first, resort. In fact, 'terrific' (or merely security) methods such as restraint took up a very small part of contemporary medical treatises on the treatment of insanity, which were far more concerned with medicinal means of cure. Established physicians like Mead much preferred to rely on dosing than upon shackles. The Bethlem Physicians, Richard Hale and James Monro, concurred with their colleague and friend, Hale being praised by his successor for 'dealing with the furious violence of maniacs' at the hospital, 'not so much by restraining them with chains or bars, as by sedating them

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& 457, cases of Northamptonshire gypsies, Oxfordshire insurrectionists & of William Thomson, an incendiary; *BCEM*, 12 Nov. 1680, case of John Abehirst.

<sup>351</sup> See *Calendar of the MSS of the Marquis of Salisbury preserved at Hatfield House Herts* (Dublin, HMSO, 1906), xi, 2 Nov. 1601, 470.

<sup>352</sup> Willis, *Practice of Physic*, 206.

<sup>353</sup> Mead, *Medica Sacra*, in *The Medical Works*, 623, & *Medical Precepts & Cautions*, 97-8

<sup>354</sup> Haslam, *Observations on madness and melancholy* (London, 1798), 289-90; Hunter & Macalpine, *Psychiatry*, 635.

with appropriate medicaments, and driving all vexations from their minds'<sup>355</sup>. P. Frings M.D., who dedicated his *A Treatise on Phrensy* (1746) to James Monro, likewise averred that patients 'ought to be bound' only 'if they cannot be kept quiet by fair Means', and spent most of his text discussing medicine not management<sup>356</sup>. In practice, nevertheless, and even when dealing with more sensitive private cases, from the ranks of the gentry whether an 'enthusiastic' or 'nervous' bookseller, like Alexander Cruden, or a 'vapourish' dame, like Sarah Clerke; Hale and Monro seem to have had few qualms about employing restraint severely when patients refused to cooperate with their directions<sup>357</sup>.

In fact, the Minutes of the Bethlem Governors seldom record instances of restraint at the hospital. The case of Edward Purcell, however, confined in old Bethlem on a royal warrant, during 1672-4, provides rare insights into the application of restraint there<sup>358</sup>. (The more fundamental ramifications of the case, in terms of the political constraints on policies towards the insane and the carceral function of the hospital, are discussed in chapter 6.). In August 1673, Purcell was 'found to be a wild desp[er]ate & dangerous p[er]son' and ordered 'kept in chaines & locked upp to p[re]vent danger of fire & hurting the p[er]sons of the Officers there'; i.e. as a last resort. Eight months before this, however, Purcell had been declared 'cured & recovered of his Lunacy', and the hospital had made three successive applications for his discharge, through its officers and governors; 'to S[ir] John Robinson att the Tower' (from whence he was committed); to Lord Arlington of the Privy Council, and (via petition) to the King himself. The refusal of the Privy Council to discharge him, 'but rather to allow the house somewhat towards his keeping there', at the end of May 1673, suggests some legitimate provocation for Purcell's 'wild' and 'desp[er]ate' behaviour, or relapse, over the next two months and just how ambivalent such terminology might be. It would not be so surprising, in this light, if Purcell had threatened to burn down the hospital and assaulted 'the Officers there'. The shoes and stockings ordered bought for him by the Governors, in July of that year (now he was a patient with means of support), can little have eased his resentment. In February, following another certificate of recovery from Dr. Thomas Allen and a petition from Purcell's Irish friend, Gerrard Bourne,

<sup>355</sup> See Andrews, 'A respectable mad-doctor?', 185, & Monro, *Oratio Anniversaria in Theatro Collegii Regalis Medicorum Londinensium; ex Harvaei Instituto* (London, 1737), 22.

<sup>356</sup> Frings, *Treatise*, 43 & his section entitled 'Our Manner of Curing the Phrensy', esp. 41-61.

<sup>357</sup> See Andrews, 'In her vapours', 138; *idem*, 'A respectable mad-doctor?', 185; Alexander Cruden, *The London-Citizen Exceedingly Injured....*, *passim*.

<sup>358</sup> For this discussion, see *BCGM*, 22 Jan., 25 March, 23 April, 28 May, 17 July & 7 Aug. 1673, & 11 Feb. 1674, fols 474, 491, 498, 509, 527, 548, 612 & 615, & chap. 6.

for his discharge, the Court ordered 'that the Chaine be taken off[f] Edward Purcells Leg in Bethlem & hee behaveing himselfe orderly & quietly to have the Like Liberty *as others there have* [my italics]', while applications to the King were renewed. Although, this marked the end of Purcell's restraint, it was not, however, the end of his confinement (see chap. 6), and the punitive, disciplining nature of restraint in this instance is undeniable. Yet the circumstances under which it was lifted indicate that it was conceived very much as a temporary, exigency measure and that 'other' patients were generally allowed to remain free from restraint at Bethlem. Purcell's restraint lasted no longer than six months; still a long time, but a much more realistic measure of the customary duration of restraint at Bethlem than the much more notorious years endured by William Norris.

For some other political or violent detainees, restraint was rather more automatic and prolonged. Patients committed to Bethlem from the Privy Council and other government bodies were frequently ordered to be chained or kept closely and indefinitely confined from the time of their very admission. William Ellis, for example; seized during 1617 in Wells, Somerset, as 'a wycked anabaptist' and for having 'spoken desperate speeches touching his Majestie's person'; conveyed to London, tried by the Privy Council and committed briefly to the Gatehouse; was (once his expressions of 'ill affection by lewde and scandalous wordes against his Majestie's sacred person' had been adjudged 'distract and madd'), ordered received at Bethlem, where he was to be kept 'safe...in chaynes untill further order'<sup>359</sup>.

At the end of the period, visitors, like Sophie von la Roche, commented on the relative freedoms allowed the attempted regicide, Margaret Nicholson (and other patients), they being liberally supplied with reading and writing materials<sup>360</sup>. Yet Nicholson, was 'confined in her Cell by a chain', and secluded from all visitors unaccompanied by a governor, for nearly five years from the time of her admission in 1786, before she was allowed the liberty of the house by the Committee<sup>361</sup>. In fact, she was restrained as much in obeisance to the government's command that 'strict and proper Care' be taken of her; to satisfy public anxiety over her 'murderous instincts'; and to chastise or inflict a period of atonement upon her for her crime; as to prevent any future, or contain any present, violent tendencies.

Nor, of course, even for apparently milder cases, was restraint always only a last resort.

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<sup>359</sup> *Acts of the Privy Council*, 1616-17, (London, H.M.S.O., 1927), entries dated 25 & 29 Nov., & 21 Dec. 1617, 387-9 & 392-3.

<sup>360</sup> See *Sophie in London*, 167-9, & also *Sketches in Bedlam* (London, 1823), for an inside view of Nicholson and other patients.

<sup>361</sup> See *BSCM*, 12 Aug. & 2 Sept. 1786, 3 Feb., 14 April & 11 Aug. 1787, 12 March 1791, nfn & fol. 5.

Chains were imposed as a matter of course on many patients on their very admission to the hospital. James Carkesse was chained from the first at both Finsbury and Bethlem, during the 1670s. At new Bethlem, he seems to have been restrained by a leg-lock the day after he was admitted, possibly as a response to his haughty behaviour in front of staff<sup>362</sup>. Carkesse clearly resented his restraint as one of many oppressive torments and indignities, designed to break down his resistance, or, as he himself drily put it, 'to take him off his Mettle' and 'force' him, 'by Mad mens usage to confess himself for Mad'<sup>363</sup>, although he found release in '*Lampooning*' the staff and the treatment he received, and from the visits of friends and strangers. Contemporary physicians were encouraged to conceive their roles in curing the insane in terms of gaining ascendancy over the patient; imposing order upon disorder; commanding obedience by words, actions and their very demeanour; so that restraint was often employed as a tool of subjugation, and relations between the disturbed patient and the mad-doctor were normally acted out as a profoundly unbalanced power struggle, in which the patient was regarded as a resisting object to the physician's ministrations. Cure was frequently spoken of, in the writings of medical men, as 'reducing the insane to a right mind'; or (as in Pursell's case) making the patient 'quiet' and 'orderly'. Carkesse represented his own treatment in terms which typify this 'terrific' therapeutic ethos, as essentially a struggle of authority, in which cure required his submission. Thomas Allen emerges from Carkesse's account as a physician thoroughly wrought in this authoritarian Willis-mould. Indeed, Carkesse alleged that he was only 'thought...wilder' than other patients by the Bethlem Doctor because he refused to relinquish writing the poetry which served as both symbol and vehicle of his dissent<sup>364</sup>. Undoubtedly, Carkesse's imperious, extroverted sense of his own importance, his assumption of titles like 'the Doctor's Patient Extraordinary' and 'the Parson', and the 'rampant' 'Wit' he exercised at the expense of the hospital's staff, exaggerated the confrontational nature of his treatment. On the other hand, Carkesse's rebelliousness, promising to 'out-do' 'all Bedlam' in madness, may itself have rankled with staff and provoked a 'ferce' response<sup>365</sup>.

Parish records frequently record the restraint of patients by both cords and chains, yet do not give the impression that restraint was as common or sustained a recourse as it often was at

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<sup>362</sup> See *Lucida Intervals*, 6, 12, 22-3, 36.

<sup>363</sup> *Ibid*, 12, 39, 52.

<sup>364</sup> *Ibid*, 50-51.

<sup>365</sup> *Ibid*, 23.

Bethlem<sup>366</sup>. Indeed, when restraint was employed at a local level, it seems more commonly to have been applied to those more obstreperous insane parishioners, whose admission to Bethlem or some other carceral institution was generally sought. For example:- of seven St. Stephen Coleman Street parishioners admitted to the hospital during 1695-1734 whose prior history is documented in parish records (25 were admitted in all), three are recorded as having been chained<sup>367</sup>. In fifteen other cases of mad or ('foolish') inhabitants I have found being catered for at parish expense, during 1655-1770, but not admitted to Bethlem, in not one case is the imposition of mechanical restraint mentioned in the parish's records. Lunacy law had not even commanded the restraint of 'dangerous' pauper lunatics, until 1714, and even then this was only to be provided Justices of the Peace 'find it necessary', although common law precedents had long sanctioned such action<sup>368</sup>. When<sup>officers of</sup> the Naval Hospital at Dartmouth were having difficulty with a sailor they desired to be sent up to Bethlem in 1706, they were instructed by the Sick and Wounded Board that he 'must be bound', but only 'if not otherwise to be managed'<sup>369</sup>.

Restraint at Bethlem was generally, however, envisioned by contemporaries as the just deserts of, and the appropriate response to, raving lunacy. Despite the sympathy evoked by Hogarth for his Tom Rakewell, shown leg-locked on his admission to Bethlem in the final scene of *The Rake's Progress*, there is no indication that Tom deserves to be treated any otherwise<sup>370</sup>. Patients themselves occasionally accepted their own, or other patients' restraint, as necessary and fitting. Yet even such comments may be more demonstrative of the vindictive, chastising tenor with which restraint was frequently administered and the force of culpability attached to the recalcitrant maniac. The aforementioned, putative, patient-poet of 1744, penned lines which reveal much concerning the harsh tone of life for some patients at Bethlem and suggest how firmly contemporary paranoia about the threat posed by the raving lunatic was arrayed

<sup>366</sup> See e.g. cases of Alice Whetstone, who seems only to have been bound when her condition was acute, in 1636, prior to her admission to Bethlem, payments being recorded to two porters 'for watching & binding' her, & for binding her 'again' on 2 further occasions; & of Elizabeth Hall, on whom 2/ was spent in 1674, 'locking [her] downe...being distracted'. *Ghall M.S.S.* 4525/2, fols 46 60, 73-5, & 4525/5, 13 July 1674.

<sup>367</sup> See *Ghall M.S.* 4457/5, 19 July 1716, 9 May 1718, 23 July 1720, cases of Elizabeth/Betty Sprigg, Susannah Jackson & Mary Birch.

<sup>368</sup> See Alderidge, 'Cycles in the care of the insane', in *Lectures on the History of Psychiatry* (ed.), Murray & Turner; 1714 Act 12 Anne, c. 23.

<sup>369</sup> Indeed, the sailor was declared, a fortnight later to be 'So very Mad, as to be kept in Chains' and not yet 'fitt to...be Sent to Town'. *PRO Kew ADM.99/6*, 7 & 19 Dec. 1706.

<sup>370</sup> See Fig. 2c.

against his physical or moral emancipation:-

The *Keepers* mild to those who well behave;  
But some there are, who always curse and rave;  
Are justly chain'd, confin'd within each Room  
Altho' they know, full well, their certain Doom:  
If Keepers should neglect at this just Call,  
It wou'd, no doubt, go badly w'th us all<sup>371</sup>.

Restraint might be even more extreme at private madhouses, however, where profit-making motives were more prone to encourage the prolongation of confinement and to deprive patients of the dispensations they were apt to receive for good behaviour at a charity-funded hospital. While Donnelly was right to maintain that there was some form of differentiation in the treatment meted out to the inmates at Bethlem, he was wrong to assert, however, on the basis of Thomas Monro's evidence before the 1815/16 Committee that ' "gentlemen"...were unlikely to be chained'<sup>372</sup>. Monro was making a distinction between his private and his public practice. The discrimination prevailing at Bethlem was (primarily) one of behaviour, not class. Although patients ranked as 'gentlemen' were certainly maintained there, the vast majority of patients were poor (poverty being a condition of eligibility for admission). Literary and documentary representations of keepers at both Bethlem and private madhouses throughout the period reveal that they were rarely prepared to 'forbear the gentleman under the fool', if patients grew 'too violent' or appeared 'stubborne' and 'rough'<sup>373</sup>. Complaining of his subjection to 'the Strait-Wastecoast', brutal bed-strapping, 'severe usage' and 'Tom of Bedlam' treatment, at Inskip's Chelsea madhouse in 1753, Alexander Cruden wholly endorsed the policy at Bethlem; 'where[by] all liberty is given at first, and...[is only] forfeited by a violent behaviour'; recommending its application in his own case repeatedly to Inskip, and publicly proclaiming its merits to all madhouse keepers<sup>374</sup>. Indeed, Cruden was peculiarly qualified to judge, having already experienced a spell in both Bethnal Green madhouse and in Bethlem itself, during the 1730s and 40s, with which to make a comparison<sup>375</sup>. Although he bitterly denounced the 'severe' management he had received in

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<sup>371</sup> See Appendix 2b

<sup>372</sup> Donnelly, *Managing the Mind*, 38.

<sup>373</sup> See e.g. Middleton & Rowley's *The Changeling*, IV, iii, ls 145-6; Dekker's *The Pilgrim*, IV, iii, ls 109-195.

<sup>374</sup> *The Adventures of Alexander the Corrector* (London, 1754), 13 & 20.

<sup>375</sup> See *ibid*, 34; *The London Citizen Exceedingly Injured...* (London, 1739), *passim*; *BAR*, fol. 184. Cruden was in Bethlem from 17 Dec. 1743 until 3 March 1744, but mysteriously failed to mention his few months there

the former at the hands of the Bethlem Physician, James Monro (an approach for which, he alleged, Monro was generally renowned), Cruden's aggrieved narrative betrays a good deal of partisanship and suspect judgment. His repeated and prolonged restraint, by 'handcuffs', 'Iron Fetters, Chains and Cords', the strait-waistcoat and ultimately by being 'chained night and day' to 'the bedstead', over nine weeks and six days, was essentially in the control of his keepers, rather than Monro. In fact, on the doctor's four visits, Cruden was actually 'unchained', once even being, 'by Dr. Monro's advice, allowed...to walk in the garden', and was only restrained again when Monro had left. It is possible that Monro was actively being deceived over the degree of restraint his patient was undergoing, although Cruden appears to have been restrained primarily to prevent his escape. Nevertheless, Monro seems to have exercised no greater control over the restraint of Bethlem patients. Moreover, Cruden's protests about his 'barbarous Usage' were (apparently) complacently ignored by Monro, and the doctor's failure to query this with his keepers and his evident disregard for Cruden's own view of his treatment, is typical of mad-doctor-patient relations in this period and suggests that Monro was unlikely to have found anything objectionable in the coercive methods applied to his patients.

The restraint of patients at Bethlem was by and large left to the keepers. Only in special cases, like that of Pursell, did the Court itself order a patient to be chained. Carkesse certainly regarded his restraint as an imposition in the power of '*Porter and Keepers*'<sup>376</sup>. On the other hand, patients were not often privy to the origins of initiatives governing their treatment. By 1783, Thomas Bowen was claiming that the 'degree of care and confinement' allotted to patients on their admission was assigned by the steward, 'under the direction of the physician', according to an assessment of the particular circumstances of the case<sup>377</sup>. In fact, a decision whether to restrain patients had probably been being made in the very first instance by the Physician and weekly admitting committee ever since the latter's establishment in the 1670s, while the Apothecary had no doubt taken over much of this function from the Physician once he had become resident in the 1750s. Subsequent decisions, however, were normally in the hands of nursing staff, while it is unlikely that the assessment of individual cases was as subtle as Bowen would have liked his readers to believe. It was not until 1779 that staff were instructed to acquaint the Steward 'immediately' it was 'Necessary to confine any Patients by Chains or otherwise', and not until 1792 that staff were statutorily required to inform the resident apothecary whenever

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in his subsequent writings.

<sup>376</sup> *Ibid.*, 23.

<sup>377</sup> *Historical Account*, 9.

a patient was restrained and of the reasons for such restraint (no doubt, as a result of a new sensitivity to its previously injudicious application)<sup>378</sup>. Obviously, this lack of accountability had left the imposition of restraint very open to abuse by keepers, licensing them to use it for motives of convenience, intimidation, revenge or pure spite, without reference to any supervisory lay or medical authority, and leading one to doubt Bowen's assertion (despite its anticipation of Pinel) that 'every patient is indulged with that degree of liberty which is found consistent with his own, and the general safety'<sup>379</sup>. Scull's contention, on the other hand, that 'the regime of restraint and fear' were 'undifferentiated' at the early modern asylum, if applied to Bethlem, is a rather distorted interpretation of the average experiences of its patients. Governors and medical staff generally sought to impose restraint only in the event, as Cruden observed it, of 'a violent behaviour', while the majority of patients were to be allowed a relative freedom of movement around their cells and along the galleries. The policy followed at Bethlem and encapsulated by Haslam's dictum in a 1798 *Observations*, that 'when a patient has misbehaved, [the attendant] should confine him immediately', was too often a licence for precipitous punishment<sup>380</sup>. Yet historians would do well to bear in mind Showalter's recent observation, that in advocating and implementing mechanical restraint, 'mad-doctors [or medical officers] were not cruelly inventing torments for their patients, but applying traditional methods and remedies they had been taught were reasonable and effective'<sup>381</sup>. In the classical period, nevertheless, it was ill-educated and often rather brutal keepers, not 'reasonable' medical staff, who were generally responsible for the application of mechanical restraint upon patients. Nevertheless, the recourse to 'intimidating' management and restraint at early modern Bethlem did not merely stem from a conviction in its efficacy against the bestial nature of the insane, but, as Alderidge has argued, was also a policy of expedience, and a result of the 'inadequacies', of governors and officers who simply did not know what else to do with 'violent and dangerous patients'<sup>382</sup>.

### Environment and Tenants

<sup>378</sup> See *BSCM*, 13 March 1779 & 'General Orders for Bethlem Hospital' attached as an appendix to Bowen's *Historical Account*, and the *Report of the [Governors'] Select Committee of Enquiry* (London, 1792), no. ix, 51.

<sup>379</sup> *Ibid.*, 11. Pinel had advocated permitting 'every maniac all the latitude of personal liberty consistent with safety'; see Philippe Pinel, *A Treatise on Insanity*, trans. D. D. Davis (Sheffield, 1806), 1st pub. as *Traité médico-philosophique sur l'aliénation mentale, ou la manie* (Paris, 1801), cited in Hunter & Macalpine, *Psychiatry*, 606.

<sup>380</sup> *Op. cit.*, 123. Also, see 124-8.

<sup>381</sup> Showalter, *Female Malady*, 31.

<sup>382</sup> See Scull, *Museums*, 64-6, & Alderidge, 'Fact or Fantasy?', 25-7.



The importance of the role of an institution's tenants in defining its policies and environment has rarely been appreciated by historians of the early modern hospital. (I shall outline below how tenants living close to the hospital helped to instigate an early attempt at segregation there). Perhaps the major part of the Bethlem Court of Governors' Minutes are taken up, during the seventeenth century, by dealings with the tenants of Bridewell and Bethlem. Both hospitals were considerably reliant for their incomes upon fines, rents and other revenue from their various tenants. Tenants were also benefactors. Those who successfully secured leases from either hospital, customarily made grateful donations to the hospitals' respective poors' boxes. Furthermore, tenants might also be suppliers, securities for patients, members of staff or even governors of the hospitals, while many of the workmen who were employed in the repair and construction of hospital buildings were tenants or neighbours<sup>383</sup>. The Bethlem Board had, thus, to tread rather carefully in its management of the hospitals, to maintain good relations with the neighbourhood. The committal of Abraham Barres in 1659, to Bethlem from Bridewell, where he was 'soe outrageous' and making so much noise 'that hee disquietheth not only the Prisoners butt the Inhabitants neere the prison day and night', is one indication of how intimately hospital tenants were involved in the negotiation of policy towards the insane at Bethlem<sup>384</sup>.

While, in 1651, the Court forbade the granting of any lease of property or land belonging to the hospitals to any governor or officer, either directly or indirectly, this meant very little in practice. It was only in 1685, that tenants of the London hospitals were barred from election as governors, after 'an order made by the Co[m]mission[ers] appointed for the regulating [of] the severall hospitalls'<sup>385</sup>. Previously, lease-holding (or lease-seeking) governors might expect and receive some form of 'favour' from the Court, when negotiating for hospital property. The Governor, Deputy William Tutchin, for example, secured the use of a plot of ground at Bethlem in 1659, at a minimal fine and rent, for the generous term of 34 years<sup>386</sup>. Generally, however, the Court dealt fairly and evenly with its tenants and there is very little evidence of preferential treatment at the expense of either Bethlem or its patients. Tutchin's lease was not so prefer-

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<sup>383</sup> E.g. Richard Tyler, who supplied Bethlem with beer in the 1640s, was paying the hospital rent for his dwelling house, 2 large rooms & a pump-house in the hospital precinct; the tenant, William Woodcock, was one of the securities for Samuel Kendricke, a patient in Bethlem during the 1650s, while Edward Rutt, appointed Bethlem blacksmith in 1659, was 'dwelling in Bethlem'. See *ibid*, 30 Jan. 1646, 29 Feb. 1656 & 21 Jan. 1659, fols 239-40, 740 & 90, & chap. 5, 'Recruitment'.

<sup>384</sup> *Ibid*, 2 March 1659, fol. 113.

<sup>385</sup> *Ibid*, 30 April 1651 & 20 Nov. 1685, fols 493 & 116.

<sup>386</sup> *Ibid*, 9 Feb 1659, fol. 100.

ential, when viewed in the context of the newly built houses 'in the long Gallery' at Bethlem, every one of which the Court had agreed in 1657 to rent out at the very rate charged Tutchin two years later<sup>387</sup>. Whereas Sir William Warren, a well established governor, was granted a thirty year extension of his leases of tenements at Wapping, in 1674, this was made available to most Wapping tenants who, like Warren, had suffered damages in the fire there during that year, while Warren's appeal for an abatement of his rent was actually refused by the Court<sup>388</sup>. Tenants were generally known to the hospital board in some capacity (for example, by recommendation), and were given little truck if discovered to be (or to take in) unauthorised lodgers, or 'never cometh to Church'<sup>389</sup>. Bethlem and Bridewell comprised not merely hospitals, but precincts, (despite the Governors' firm resistance to the warding and taxation obligations which normally accompanied this status), the inhabitants of which precincts were mostly the hospitals' tenants<sup>390</sup>. Bethlem was in many ways the antithesis of the Goffmanesque model of the total institution, of a self-contained, self-administering environment, cut off from the outside world, or of the Foucauldian paradigm of radical sequestration. Neighbours resided at such proximity to Bethlem that patients walking in the airing yards, or locked in adjacent cells, could hurl masonry or other objects through their windows or into their back yards. The Governors were (understandably) keen to prevent 'the Lunatiques doe[ing]...any damage to any of the neighbours', and thus to avoid the consequent expense and ill-feeling<sup>391</sup>.

The character of both hospitals was partially determined by the occupations, social status and general demeanour of those who resided within their immediate vicinity. The Governors' concern with the interests and activities of their neighbours and tenants in their management of Bethlem and Bridewell is (inevitably) a theme regularly encountered in their Minutes. The

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<sup>387</sup> *Ibid*, 24 Dec. 1657, fols 838-9.

<sup>388</sup> See *ibid*, 30 May, 19 June & 3 July 1674, fols 648, 4 & 11.

<sup>389</sup> See e.g. *BCGM*, 17 April 1644, fol. 106. Non-attendance at Church and the unauthorised keeping of inmates in leasehold property were, of course, illegal, though regularly practised, and tenants were often threatened with prosecution, or hauled before Sessions by the Governors, for this offence. See e.g. *ibid*, 23 March 1659, fol. 120.

<sup>390</sup> For the use of the term 'precinct' to describe the district surrounding Bridewell and Bethlem, the Governors treatment of Bethlem tenants as quasi-parishioners, and their generally successful efforts to avoid warding duties and taxes (on the grounds of the charitable function of the hospital), see *BCGM*, e.g. 11 Oct. 1637, 12 Nov 1638, 4 Oct. 1645, 3 Dec. 1647, 23 June 1649, 28 Aug. 1663, 21 June 1672, 14 Feb. 1679, fols 141, 207, 217, 324, 388-9, 406-7, 64, 74.

<sup>391</sup> *Ibid*, 18 Aug. 1671, 18 Sept 1672, 9 Aug. 1678, fols 337, 445 & 41, & *supra*. See, also, *BSA*, 20-27 June 1724, where the Steward records a payment of 2/ for 'Mending a Neighbours Windows'.

exigent need to bolster the meagre funds of the hospitals by ensuring hospital property was occupied and earning rent, encouraged the Governors (especially in the seventeenth century) to grant long term leases, with minimal (practical) restrictions upon the nature of improvements and extensions<sup>392</sup>. Indeed, tenants were actively encouraged, or obligated by bond, to expand their leaseholds and thus increase their marketable value for the hospitals. As a consequence of this policy and tenants' industry, and of Bethlem's own expansion in the 1640s, the Bishopsgate house was soon hemmed-in and encroached upon by neighbouring properties. Instructions to tenants, like Nicholas Beard, not to erect any new building nearer than 24 feet from the hospital house, were too little and too late<sup>393</sup>. The resiting of the hospital at Moorfields was decided upon partly because there was little space left at Bishopsgate with which to extend the old building<sup>394</sup>.

There were endemic hazards to health at the Bishopsgate site over which the Governors could have only limited control. Old Bethlem was built directly over a common sewer, which served the inhabitants of both the hospital and its precinct. In simply making a living for themselves in the vicinity of Bethlem, tenants were prone to blocking, obstructing and polluting this sewer and the hospital's entrances (whose use they also shared). The sewer was blocked recurrently by residents' 'filth' in the seventeenth century, and patients' suffered from drawn out wrangles between the Governors, residents and the City, over responsibility for its various sections<sup>395</sup>. While visiting governors strove assiduously to preserve the hospital grounds from

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<sup>392</sup> In 1638, Parliament ruled 'that noe leases of the land of and belonging to Bethlem' should be granted for more than '21 yeares', yet this restriction was by no means rigidly adhered to. Typically, in 1681, when the Bethlem Committee were prepared to renew the lease of William Phillips for a term of another 31 years, the Court instructed them to 'consider whether granting such long term leases be not p[re]judicial to the hospitall', but the Committee proceeded to grant the lease at the term originally proposed, on Phillips agreeing to pay a high fine of £200 and to spend £220 more in extending the property over the next 5 years; *ibid*, 2 April 1638, 31 Aug. & 7 Oct. 1681, fols 173, 252 & 260-61. Most leases were granted by the Governors on a similar long-term basis, in this period, although 21 years was nearer the average. Tenants could, of course, be prosecuted by law for conducting unauthorised building or alterations upon their landlords' property.

<sup>393</sup> *Ibid*, 28 Aug. 1672, fol. 436.

<sup>394</sup> See *ibid*, 16 May 1674, fol. 642, where the Governors are deciding to rebuild the hospital 'more large and in a more convenient place'; & Strype's version of Stow's *Survey*, vol. i, 192; 'This Hospital stood in an obscure and close Place, near unto many common Sewers; and was also too little to receive...the great Number of distracted Persons'.

<sup>395</sup> The methods adopted by the Governors for cleansing this sewer were somewhat makeshift and inefficient. By 1663, they were paying a 'Raker' quarterly 'to provide Rakes Shovells and Broomes' for this purpose. See e.g. *ibid*, 4 March 1636, 21 July, 21 Aug., 4 & 31 Oct., 7 & 21 Nov. 1645, 17 April 1646, 8 Jan. 1651, 24 May 1654, 16 May & 31 Oct. 1655, 4 Nov. 1663, fols 82, 205, 212, 217, 222, 226-7, 259, 477, 658, 702, 722, 76.

unhealthy obstructions, and even attempted to restrict the types of occupations open to tenants (by replacing laystalls with cobblers' stalls, or banning the use of hospital property for taverns, hempdressing, breweries, soap-boiling houses or glass houses, e.g.<sup>396</sup>), the occasional supervision of ad hoc committees could preserve only a modicum of salubrity.

The reciprocity of the relationship between hospital and tenants needs stressing. While the Governors were prepared to spend money on improving the hospital's immediate milieu, they required tenants to keep their properties in good repair and to ensure that yards, passages and doorways were kept clean and free. When consenting to erect a new gate at Bethlem in 1638, the Board also directed resident families to take weekly turns 'to kepe the same unstopt'. Yet inhabitants were often lax in complying with their landlords' wishes, while the legislative powers open to the hospital board were often inadequate. Typically, in 1645, while the Governors demonstrate their concern for patients' health, deeming a new building erected by John Hopper (a tenant), next to the hospital's little yard, to 'hinder the aire of the hospitall' and to constitute 'an annoyance' for which Hopper 'ought to bee indicted', they could find no legal means to compel him to demolish the building<sup>397</sup>. Just seven years earlier, the Governors had ordered the same tenant to unblock the passage leading to the hospital's front door and not to allow 'filth' to be dumped there<sup>398</sup>. Ironically, the Board's own mandate for tenants to improve and extend their leaseholds continued to deprive Bethlem of the air and light where good health was deemed to reside.

Despite the Governors' preoccupation with the interests of the hospital's neighbours and tenants, these interests were seldom permitted to take precedence over the interests of patients, however. That revenues received from tenants sealing agreements with the Court over Bethlem property were commonly spoken of as 'for the use/benefit of the lunatics', suggests how centrally the Governors viewed patients' needs in their negotiations as landlords. Of course, this was also a rhetorical device, legitimising administrative policy as disinterested charity. Yet the connection between the hospital's rent roll and the money allocated for the support of patients was not merely rhetorical. The Governors justified and partially offset the expense of Bethlem's expansion in 1643-4, through the income provided by fines and the raising of rents on the renewal

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<sup>396</sup> Hempdressing was deemed to be 'daingerous noisome and inconvenient to be used' in hospital property and was banned altogether at Bethlem in 1654, although 2 existing hempdressers were permitted, in 1656, to see out the duration of their leases on compassionate grounds. See *Ibid*, 12 Nov. 1638, 25 Oct. 1654, 7 May 1656, 16 March 1677, fols 207, 678, 751 & 350-51, & *infra*.

<sup>397</sup> *Ibid*, 4 Oct. 1645, fol. 217.

<sup>398</sup> *Ibid*, 12 Nov. 1638, fol. 207.

of hospital leases<sup>399</sup>. Where conflicts of interest did arise, the Bethlem Board consistently ruled in favour of patients rather than tenants. Indeed, the Governors were very much concerned to protect the hospital environment from any encroachment or activity on the part of tenants deemed detrimental, either to patients' health, or to the hospital's resources and reputation. Efforts and injunctions by the Court aimed at maintaining hospital property in good repair and at ejecting illicit lodgers, were not merely concerned with securing and increasing good rents, but with avoiding 'the harbouring of daingerouse and lewd p[er]sons [who]...used to sculke and hide themselves therein'. The Board even ordered the demolition of dilapidated buildings at Bethlem, to prevent their occupation by such elements<sup>400</sup>. Interdicts imposed upon tenants converting hospital property into taverns or victualling houses, from (at least) the 1630s/40s, were designed with the same ends in mind; to preserve a salubrious and respectable environment<sup>401</sup>. Taverns were conceived not only as magnets for the influx of low lives and debauchees to the district, but as potential pollutants of the hospital's inner environment, in attracting loose and drunken visitors, or luring staff away from their duties. These efforts were somewhat belated, however, for the Bishopsgate building was already, by this time, surrounded by a group of lively taverns. Two tenements leased to William Woodcocke and situated next to the patients' airing ground were still permitted to be employed 'for a Taverne', and were excepted from incorporation into the hospital's extension, in 1643-4, because judged not contiguous to the hospital house and to be yielding a good rent. Despite his resistance, nevertheless, Woodcocke was forced to relinquish his kitchen, shed and a connecting stretch of ground (and ultimately gave up his entire lease), to make way for the new hospital yard, 'the grounds hee holdeth' being conceived as 'very convenient to be...used...for benefitt health & comfort of the poore Lunatiques...'<sup>402</sup>.

The paramouncy accorded patients' interests over those of hospital tenants was rather more explicit at the Moorfields site, where greater space and financial security allowed the Governors to define more strictly the environmental boundaries of Bethlem, and where medical criteria held increasing sway over the hospital's administration. On the application of Daniel Man to add chimneys to his new building at the east end of the yard belonging to new Bethlem, in 1686, the Court expressed its willingness 'to doe him any favour', but only provided it 'be not

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<sup>399</sup> See end of Bethlem Committee's report, dated 4 May 1643, in *Ibid*, 2 June 1643, fol. 44.

<sup>400</sup> *Ibid*, (?) Oct. 1647, fol. 320.

<sup>401</sup> See *BCGM*, e.g., 2 June 1641, fol. 336.

<sup>402</sup> *Ibid*, 2 & 16 June, 7 July, 25 Aug. & 10 Nov. 1643, 15 March & 30 Aug. 1644 & 21 Feb. 1645, fols 43-4, 47, 51, 61, 77, 96-7, 143-4 & 178.

p[re]judiciall to the said hospitall or to the Lunatiques therein'. Ultimately, after an investigation by the Committee, the Court rejected Man's petition, finding 'That the smoake thereof wilbe p[re]judiciall and inconvenient to the poore Lunatiques...besides the dainger of fire...to the strawhouses in the said yard'<sup>403</sup>. Fifteen years later, the Bethlem Committee rejected a like application from a Mr. Wheeler for the same reasons, and recorded this decision in the Minutes only in order 'to prevent any Applycacon of the like nature for the future'<sup>404</sup>. At the Bishopsgate site, a chimney had already been added by Thomas Vandall (a tenant of Nicholas Beard, the aforementioned Bethlem lease holder), 'the smoake' of which had already proven 'very noysome to the Lunatikes' and a fire hazard, when the Court ruled upon the matter in 1666 (significantly, soon after the Great Fire of London, which had come so close to Bethlem<sup>405</sup>). Although the rationales governing both these incidents demonstrate a consistent regard to patients' well-being, in the earlier case, the tenant was given the more generous option of either removing the chimney, or of altering it, as a means of prevention<sup>406</sup>.

Similarly, while the Board was quite prepared to rent out basement space beneath the Moorfields buildings as warehouses, to trading members of their own ranks and to independent tradesmen and companies (like the East India Company, and John Smith and Partners), this was justified in so far as it would 'increase the revennue of the said hospitall for the k[ee]ping and mainteyning the poore Lunatiques' and was countenanced only on condition that the lease holder 'put noe goods into the warehouse that may be offensive to the Lunatiques or [a fire hazard]'. On the other hand, when pepper, potash, beer, victuals, fruit and tobacco, were all permitted to be stored under patients' cells, it is questionable what exactly the Governors considered 'offensive to the Lunatiques'<sup>407</sup>. Furthermore, the extended excavation of cellar space

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<sup>403</sup> *Ibid*, 16 July & 3 Sept. 1686, fols 185 & 192.

<sup>404</sup> *BSCM*, 12 May 1711, fol. 53.

<sup>405</sup> Historians have often mistakenly averred that old Bethlem was destroyed in the Great Fire. In fact, only its properties were touched, the fire reaching only as far as a group of houses without Bishopsgate. See *ibid*, 28 Sept. 1666, fol. 8.

<sup>406</sup> *Ibid*, 19 Dec. 1666, fol. 27. For Beard's lease, see *ibid*, 3 & 22 July 1663, fols 57 & 59.

<sup>407</sup> These warehouses were normally advertised when vacant in the city newspapers and governors were rarely, in fact, the lease-holders. For example:- in 1678, the Governors leased 2 long ground rooms in the cellar of new Bethlem to the East India Company, for the storage of pepper, at £100 p/a; they leased the warehouse under the hospital's east end to Peter Houblon, a governor, at £40 p/a, in 1686; to Thomas Styles, merchant, for the storage of potash, at £35 p/a, in 1709; to John Blake, a Cooper, at £4 10/ p/m, in 1715; to Thomas Palmer, a fruiterer, at 20/ p/w, in 1717, and at £35 p/a, in 1718; to Richard Lockwood, for potash storage, sometime before 1727; the warehouse under the hospital's west end was leased to William Astell, at £40 p/a in 1712; to Sir John Williams, in 1717, at £4 10/ p/m; to Samuel Palmer, a tobacconist, for £18 p/a, in 1733; they leased the

in pursuit of profits caused severe subsidence of the hospital's walls and floors, and a committee of inspection in 1800 declared that this, and a combination of other elements of poor planning and workmanship in the hospital's original construction, meant that 'there is not one of the floors which are *level*, nor any of the walls *upright*'<sup>408</sup>. Indeed, Hooke's 'palace' was not only dilapidated, it was falling down by this time.

The Board was generally quite sensitive to patients' potential discomfiture by tenants, nevertheless, particularly when it would entail no certain pecuniary advantage to the hospital. When, in 1763, the Ward of Coleman Street applied to the Bethlem Board for a grant of 'a Spot of Ground' at Moorgate, between Bethlem and London Wall (see Figs 2g & 2i), on which to erect a watch-house, the health of patients was again decisive in the Governors' rejection. In this instance, it is the new authority accorded medical opinion, that is most striking in the decision making process. On consultation, all three medical officers declared the intended site to be so close to the infirmary and a dozen or so cells, that 'The Patients will.. be greatly Affected and prejudiced by the Noise which must Necessarily Attend a Watchhouse', convinced of the necessity 'in all Cases of Lunacy and Acute Diseases that the Patients should be kept Extreemly Quiet'<sup>409</sup>. The Governors concurred, 'Especially' anxious themselves about the risk 'of Fire...the Windows [of the hospital]...not being Glazed and the Patients lying upon Straw'.

The Governors' commitment to a salubrious, therapeutic environment was not without severe limitations and contradictions, nevertheless. The need for quiet in cases of lunacy did not inspire any effective segregation of milder cases from the more acute at new Bethlem (see *infra*), which rather diminishes the practical significance of the medical officers' pronouncement. Equally antithetically, the preservation of patients from neighbours' smoke and fire had not extended to the hospitals' straw chimneys. Situated in the airing grounds, these chimneys must have been billowing out the smoke of soiled and smouldering straw at close proximity to patients'

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warehouse beneath the new male incurables wing, at the east end, to the victualler, Richard Cox, in 1740, at £25 p/a, & in 1747, to Mrs Mary Parsons, at £30 p/a; they leased the warehouse under the new female incurables wing, at the west end, to John Smith & Partners, brewers, at £15 p/a, in 1737; in 1745, the warehouses under the east end of old Bethlem, formerly occupied by Thomas Walker, were leased to the brewers, Messrs Felix & Calvert, & William Seward & Co. for 14 years, at £40 p/a. The Board encountered considerable difficulty from some of these tenants, however, in recovering rent arrears. See *Ibid*, 15 & 31 May, & 21 June 1678, 3 Sept. 1686, 22 Dec. 1709, 23 June 1737, 27 Feb. 1740, 17 May 1745, 8 April & 15 July 1747, fols 25-6, 29-30, 33, 192, 524, 436, 67, 257-8, 318, 330; *BSCM*, 20 & 27 Dec. 1712, 11 Dec. 1714, 20 Aug. 1715, 17 May, 24 Nov. & 8 Dec. 1716, 8 June, 6 July, 9 & 16 Nov. 1717, 14 June 1718, 28 Oct. 1727, 28 April 1733, fols 107-8, 174, 195, 222, 240, 242, 258, 262, 273, 275, 16, 27, 236.

<sup>408</sup> See *Report respecting the present State and Condition of Bethlem Hospital* (London, 1800).

<sup>409</sup> *Ibid*, 21 Oct. 1762 & 27 Jan. 1763, fols 42 & 46. 'Rest' and keeping patients 'quiet' was standardly advised as 'very necessary' in mental disorder by eighteenth century medical theorists. See e.g. Frings, *Treatise*, 44.

cells throughout the period, and themselves constituted a considerable fire hazard<sup>410</sup>. Although the Court had ordered Bethlem servants to burn the straw gradually, in 1638, and again in 1644, this was not for fear of affecting patients, but to prevent 'annoyance to the [nearby] Neighbo[urs]', who had evidently complained<sup>411</sup>.

### Segregation, sex and sexual abuse

Bethlem (in particular, amongst a number of institutions which housed the insane) was also sharply criticised during the course of the 1815/16 Madhouses Committee enquiry over deficiencies in its segregation of the sexes, and its total lack of segregation between 'Patients who are outrageous' and 'those who are quiet and inoffensive', and between the incontinent and the 'cleanly'<sup>412</sup>. I have outlined the latter issues above, so shall largely confine discussion here to the nature of sexual segregation at the hospital.

Prior to the 1640s, there was no segregation whatsoever at Bethlem, beyond that obtained by simply confining patients in their cells. The Privy Council (in the midst of its investigation into the scandal of Helkiah Crooke's Keepership), as early as 1631, had issued the strikingly forward-thinking directive to the Governors that 'a new house next adjoyning unto the Hospitall which is yet voyd without a tennaunt...bee ymployed for the use of such poore lunaticks as eyther shall bee sicke or in a nearer hope of recovery'<sup>413</sup>. While emphatic evidence that the governing classes regarded Bethlem as much more than a detention centre and were already thinking along rather modern discriminatory and therapeutic lines, the hospital's Governors failed to implement the Lords' resolution. With the addition of an extra wing to the hospital in 1644-5, however, a building committee of six governors made the remarkable recommendation, anticipating the concerns of the Madhouses Committee nearly two hundred years later:-

that itt wilbee necessary to keepe the distracted people in Bethlem w[hi]ch are most quiett  
& orderly in the new building of that hospital and those that are most unquiett in the old  
building<sup>414</sup>

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<sup>410</sup> For the straw house as a fire risk, see *ibid*, 13 Nov. 1646, fol. 282. For the erection of the 'strawhouses and chimneys' at new Bethlem, see Hooke, *Diary*, 21 March, 14 & 28 April & 2 May 1676.

<sup>411</sup> *Ibid*, 12 Nov. 1638 & 18 Oct. 1644, fols 208 & 154.

<sup>412</sup> See *op. cit.*, summary report, dated 11 July 1815, 4; 1st Report, 1815, 11, 16, 25, 27, 31, 34-6, 40, 76-7, 79, 91, 93, 102-3, 105, 107, 118, 125 & 129. See, also, Howard, *Lazarettos*, 33, for one of the earliest criticisms of the lack of 'separation of the calm and quiet from the noisy and turbulent', except via restraint, at Bethlem.

<sup>413</sup> *Acts of the Privy Council* (ed.), John Roche Dosent (London, HMSO 1964), *P.C.* 2/40, 821, 6 April 1631, 285.

<sup>414</sup> *BCGM*, 21 July 1645, fol. 205.



The committee's proposal was 'approved of & confirmed by the Courte', and the innovative (or, even, progressive) nature of this differentiation deserves recognition. Although the Governors were as much concerned, here, with keeping their rent-paying tenants happy as with the patients, seeking to ensure 'that the Ten[a]nts inhabiting in the p[re]misses [nearby] may bee the lesse disquieted with them', the therapeutic intent behind their first declared objective 'that...there may bee some distance betweene the quiett & the unquiett' is undeniable.

This initiative was taken over a decade before any structural or regulatory separation of the sexes was attempted at Bethlem. In practice, keepers, like those in Dekker's *The Pilgrim*, might be on their guard lest 'leacherous' 'She-fool[s]' be 'pepper'd' by 'any of the mad-men', and begotten 'with five fools', yet patients might still get 'loose'<sup>415</sup>, while no formal action was taken by the Bethlem Court of Governors to prevent the mingling of male and female patients and keepers until the 1650s. Since the 1630s, the unwritten custom at Bethlem had been for the Porter's wife and maid servant to 'be helpefull to the woemen'<sup>416</sup>, while the Porter and basketmen concentrated on the men, but male patients and members of staff still enjoyed unregulated access to female patients. Despite the sexually constraining force of Puritanism<sup>417</sup>, anxiety about sexual relations between, or with, the insane, or about pregnant patients and degeneration, were very low key compared with the sexual paranoias of nineteenth century asylum administrators and alienists. It was only towards the end of the Protectorate, in 1657, that the Bethlem Court explicitly ruled 'that the men and women there bee kept asunder', instructing a committee of ten governors 'to consider & direct the best meanes how the men and women may bee lodged and kept asunder'<sup>418</sup>. The method subsequently arrived at by the Governors, however, in attempting to combine the objectives of segregation by gender and by behaviour, seriously compromised (if not entirely negated) the effectualness of their former distinction. Henceforth, 'twenty such of the distracted woemen as are most...[illegible] and outrageous' were to be housed in the new building<sup>419</sup>. In effect, this meant the virtual abandonment of the ther-

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<sup>415</sup> *The Pilgrim*, III, vii, ls 26-46.

<sup>416</sup> See *BCGM*, 3 July 1663, fol. 56.

<sup>417</sup> For which see e.g. Stone, *Family, Sex & Marriage*.

<sup>418</sup> *Ibid*, 12 June 1657, fol. 817. The Court also forbade 'any man to walke aboute in the said hospitall'. For a discussion of the Governors' concerns and policies at this, and subsequent, junctures, regarding the access of male visitors to female patients, see chap. 2.

<sup>419</sup> When exactly this initiative was taken is not clear. When it is first mentioned in the surviving Minutes, during 1663, the women patients have plainly already been separated, for the Court directs that they are 'still'

apeutic/classificatory division of 1645, in preference for a sexual discrimination. No order was subsequently issued in this period with any intention of separating the mild from the frantic patients at Bethlem, and visitors were excoriating the lack of any such classification by the end of the eighteenth century. In practice, however, a basic, informal division seems to have been implemented at the hospital, by keeping the more violent cases on the upper floors. De Saussure observed this arrangement in the 1720s, whereby 'the second floor is reserved for dangerous maniacs'<sup>420</sup>. Fifty years later, Mackenzie, also, described a 'quarter where those reside, who, as they are not dangerous to themselves or others, enjoy a certain degree of freedom, according to the state of their distemper'<sup>421</sup>. Convalescents were also partially separated by being permitted to walk the galleries and airing yards, and through the provision of sitting rooms. There is no doubt that this arrangement was unregulated and inadequate, and barely merits the title of a policy, let alone of a system of classification. Towards the end of the eighteenth century, with the addition of cells in the basement storey, violent and dirty patients were, vice versa, being relegated downwards within the hospital structure. In the next century, Metcalf's exposure of the ill-motivated pretexts by which poor, weak and uncooperative, patients were got down into the basement by staff, indicates that this form of segregation was far from judicious, properly supervised or therapeutic<sup>422</sup>. By 1815, John Haslam was asserting 'we know of no distinction of patients', while the Bethlem Matron was claiming that (due to the hospital's structure) 'separation' of 'the noisy from the quiet' was 'impossible'<sup>423</sup>. What is doubtful, however, is whether the Bethlem administration should be expected to have been classifying patients any more stringently on this basis, and more particularly, during the earlier period of the hospital's history.

Segregation according to gender was rather more efficiently imposed. Shortly after the Restoration, the Governors had sought to consolidate their policy of imposing sexual propriety, by, in 1663, ordering the hiring of a matron, independent from the Porter, to take sole charge

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to be 'kept in the Roomes in the last new buildings'. Segregation of the sexes may have been imposed soon after June 1657, or more likely, sometime during August 1659-July 1662, for which period no minutes are extant. See *Ibid*, 21 Jan. 1663, fol. 31.

<sup>420</sup> De Saussure, *Foreign View*, 93.

<sup>421</sup> *Man of Feeling*, 30.

<sup>422</sup> Metcalfe, *Interior of Bethlem*.

<sup>423</sup> *Madhouses Committee Reports*, 1st Report, 1815, 58 & 90.

(with the assistance of the maid servant) of the care of female patients<sup>424</sup>. Segregation was not to be total, however. 'Menservants' could be summoned to the Matron's aid when she was unable to 'rule any distracted woemen herselfe', while, although she was to 'keepe the distracted woemen from the distracted men', male patients were still permitted 'to come to the distracted woemen...in her p[re]sence'. Finally, a good example of chastity was to be looked for in providing 'a discreete carefull and single woemen' for the job<sup>425</sup>. This, at least, was the theory. In fact, the experiment of single matrons was to last just twenty months, both appointees being discharged, and the Governors returning, for virtually the duration of the period, to their former reliance on the Porter's wife<sup>426</sup>. Moreover, staff proved decidedly negligent, and at times thoroughly contemptuous, of the rules of segregation and sexual propriety ordained by the governing board.

The dismissal 'of the Three menservants in Bethlem' for unspecified 'misdemeano[urs] and miscarriages', in 1663, at the same juncture as the Governors defined the segregational functions of a new office of matron, may imply that sexual abuses had featured in staff misconduct, while the 'temperant' service sought from their successors may have been of a sexual kind<sup>427</sup>. Within two decades of this episode, however, the evidence of sexual abuse is incontrovertible, and reveals enough about the deficiencies of segregation and the inner life of the hospital to merit a detailed analysis. Originally, at <sup>the</sup> Moorfields building male patients were lodged in 'the lower Galleries' and females 'in the upper Gallory', the Governors ruling that they 'be not suffered to lodge p[ro]miscuously together'<sup>428</sup>. In 1681, nevertheless, it emerged that two basketmen, Edward Langdale and William Jones, had been allowed free access to the female patients and had impregnated two of them. The Board's belated discovery of these abuses says a good deal about the inadequacies of its rather distant management of the hospital<sup>429</sup>. While

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<sup>424</sup> *Ibid.*

<sup>425</sup> Puritan propriety had already reared its head to scrutinise, in a similar fashion, the character of the Bridewell Matron. During the 1640s, the Governors enquired into her grounding 'in religion'; asserted that she must 'bee a godly & discreet women' and doubted the suitability for the post of any woman cohabiting with her husband. See *Ibid.*, 21 July 1645, fol. 204.

<sup>426</sup> The Board was openly doubting the merits (not to say expense) of this office of matron just 6 months after its creation, although they were to persist with the experiment for another 14 months and the Porter's wife was subsequently to assume the same title and function. See *ibid.*, 11 Feb., 1 April & 3 July 1663, & 23 Sept. 1664, fols 36, 43, 56 & 114, & chap. 5.

<sup>427</sup> *Ibid.*, 21 Jan. 1663, fols 30-31.

<sup>428</sup> *Ibid.*, 21 July 1676, fol. 276.

<sup>429</sup> For the ensuing discussion, see *ibid.*, 10 Dec. 1680, 30 March, 15 & 22 April, 5 Aug. 1 & 23 Sept. 1681, fols

the Governors claimed (with an ironic choice of phrase) on 30 March to be 'very sencible of the great miscarriages lately com[m]itted in...Bethlem', they were only cognisant of the abuses of 'one [my italics] of the beadies or basketmen', while the patients, Mary Loveland and Esther Smyth, were already, respectively, six and three months pregnant. By the time of the next Court sitting, both Langdale and Jones had been 'expelled'. The cases of Loveland and Smyth were dealt with concurrently by the Court on 20 April and both patients were conveniently (though not necessarily dishonestly) deemed 'recovered' and ordered to be received by their families. On receiving promises from Mary's brother, William Loveland, and Esther's sister, \*\*\*\* Wilkington, that the patients would be provided with whatever is 'necessary...in their Condi[i]on', the Governors, no doubt, with some embarrassment, promised in turn 'to take their Charges into consideracon'. Indeed, the hospital was ultimately obliged to foot a bill (submitted by Mary's two brothers) of 2/ p/w for the nursing of her child from 20 May-c5 August; to allow 20/ p/a in addition 'to buy clothes' for it; and to pay Esther's brother, John Smyth, vicar (or clerk) of Wodhurst, Sussex (his sister's parish), '£5 for the charges of [her]...lyeing Inne...and...the childs funeral'<sup>430</sup>.

It is difficult not to see this remuneration as something of a pay-off by the Governors to avoid the threat of scandal. Their proceedings in the affair are by no means shrouded in mystery, yet much is left to the realms of historical deduction and hypothesis in the Court Minutes and there is no doubt that the Clerk was exercising a considerable degree of discretion in what he chose to record<sup>431</sup>. While it is not explained exactly how these abuses had been perpetrated, the admonitions and rulings issued by the Governors at this juncture, aimed at preventing any future occurrence, give a good indication of the possibilities and reveal just how laxly segregation had been maintained. First of all, the Porter and Matron had been negligent. The Porter, in failing 'to see that the servants there doe goe to their lodgings in due tyme' and in failing to acquaint the President, Treasurer or Committee of servants' 'neglect' or 'miscarriages'. The Matron was singled out in particular as 'much to blame', for allowing basketmen 'to goe among the Lunatike woemen' without being present herself and failing to discover Loveland's pregnancy any sooner.

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190, 209, 213, 216, 218, 241 & 258.

<sup>430</sup> Esther (or Hester) was readmitted to Bethlem, 3 years later, on her brother's request, while John obtained an abatement of the charge for her support after another 9 months, indicating that there were no hard feelings on the family's part over Esther's former treatment at the hospital. She was discharged on 11 Aug. 1685. See *BAR*, 19 Sept 1684; *BCGM*, 3 June 1785, fol. 77.

<sup>431</sup> For example, while it is explicitly recorded that Edward Langdale was 'charged [by Mary Loveland] to be the reputed father' of her child, one can only deduce sexual abuse where William Jones and Esther Smyth are concerned.

In fact, both officers were soon after proven to be regular absentees from the house<sup>432</sup>. The problem had also been one of custody and access to keys, and, more especially, keys to the cells of naked female patients, an issue which remained a constant concern of the governing board throughout the period. Besides expelling the offending basketmen, the Governors rather more pragmatically directed that two locks be installed on the doors to women's cells and (so that their opening was not only at the disposal of the maid servant), that the Matron be entrusted with one of the keys. There is no evidence, however, that this ruling was actually instituted. In fact, when John Haslam testified before the Madhouses Committee in 1815, a regulation whereby 'the female wards' were guarded by 'a double lock and a double key' on every door, so that only women members of staff could have free access, had been in force for only about 'seven years'<sup>433</sup>. As an additional precaution, in 1681, cells were ordered to be locked 'every night and every Sunday', and not opened in the mornings until the Matron 'or some of the maid servants are there p[re]sent', while no male servant, but only the female staff, were to be allowed a key or other means of access to any of the cells of naked females. Whether this implies that basketmen were still permitted access to clothed women patients is a matter for conjecture. The implication that patients' nakedness had proven a provocation to male staff is plain, however, and throws the Governors' anxiety that visitors be excluded from female patients unless, or until, shifted, into sharper relief (see chap. 2). Staff may even themselves have offered patients' nudity as a justification or explanation for abuse. The degree of celibacy required from basketmen, who were supposed either to be single or barely to see their wives, was itself somewhat unrealistic and designed for trouble (see chap. 5.). At the heart of the problem, however, apart from the remote nature of the Governors' supervision, was their reliance upon lower officers who had already shown themselves neglectful, if not actually in complicity with the misconduct of servants, and the poor character of most of the hospital's ancillary staff in general (see chap. 5).

Despite the preventative resolutions of 1681, patients continued to conceive at Bethlem, although not always directly at the hands of hospital staff. After only another eight years, the Governors were once again confronting an embarrassing breach in segregation at the hospital. On a petition to the Court from Sir Robert Clayton for an abatement of the maintenance charge for Susanna Gibbons, of Hamildon, Bucks, it emerges that she is 'bigg w[i]th' 'Child' and has been in Bethlem already for 'about three yeares'<sup>434</sup>. In this case, however, it is another patient who is the father of the child. As before, the Governors are keen to come to some sort of bargain

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<sup>432</sup> See chap. 5 & *BCGM*, 18 Nov. 1681, fol. 268.

<sup>433</sup> See 1st Report, 1815, 105.

<sup>434</sup> See *ibid.*, 25 Oct. & 8 Nov. 1689, fols 451-2 & 458. Clayton was a one time Lord Mayor of London and benefactor of the Royal London Hospitals.

(agreeing to abate the entire sum of £6 10/ in arrears for Gibbons's keeping), and (perhaps) even to rid themselves of a possible source of scandal. While Clayton initially desires the hospital to retain the mother and send her child to her parish once born, the Governors rather more urgently would prefer that the churchwardens consent to take care of both mother and foetus and receive them within a fortnight. What is particularly interesting about the case is that Clayton is more concerned with Gibbons's cure than the irregular nature of her pregnancy, 'moveing' before the Court 'that shee may be there still kept for her Cure & the child taken care of [in the hospital] and not returned to the parish'<sup>435</sup>. The Governors seem, on the other hand, most anxious about the trouble and expense of such provision. It was for this reason that pregnant patients were generally barred from admission to Bethlem and other hospitals, or were discharged, if pregnancy was verified only after admission (although liberty was normally given for them to be [re]admitted once delivered)<sup>436</sup>. Obviously, when the hospital and its staff were themselves implicated in patients' pregnancies responsibility was a much more ambivalent matter. The sensitivity of Gibbons's case is demonstrated by its ultimate referral to consultation between seven governors, the Treasurer and the President himself, in order to arrive at a 'fit' course of action<sup>437</sup>.

The cause of the breach in this and previous instances is partially attributable to a fault in the actual design of the hospital. Soon after 1676, Bethlem had plainly adopted an east-west division between males and females (no doubt necessitated by the rising numbers of both sexes). Yet 'Iron Rayles' were not ordered erected in the galleries at Bethlem 'to keepe the Lunatike men and the Lunatike woemen assunder' until June 1689 and cannot have been installed before Gibbons was already very pregnant. Their erection was more than likely one result of a series of recommendations submitted to the Court by the energetic and forward thinking Dr. Edward Tyson, during May, yet may, more precipitantly, have been the result of Gibbons's impregnation<sup>438</sup>. The Governors had initially contemplated making this structural partition in

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<sup>435</sup> Clayton's sympathy for Gibbons may also have been pricked by the death of his only son in infancy, during 1666, which was to inspire him to bequeath his fortune to Christ's and St. Thomas's Hospitals, on his own death and was to inform the composition of the monument erected to father, mother and child, in 1707. In this monument, Lady Clayton is shown with her hand upon her womb, rather than on her breast as was conventional, signifying the importance of this loss to the family. See Katharine A. Esdaile, *English Church Monuments 1510-1840*, (London, Batsford, 1946), 28, 30 & 121, plates 19, 116 & 117. I am grateful to Matthew Craske for this point.

<sup>436</sup> See e.g. *ibid.*, 24 March 1642, fol. 375; *BSCM*, 23 July 1768, fol. 313.

<sup>437</sup> *BCGM*, 8 Nov. 1689, fol. 458.

<sup>438</sup> See *ibid.*, 10 & 24 May, & 28 June 1689, fols 398, 404-5 & 416.

the galleries when new Bethlem was first being constructed. Ultimately, after much debate, however, they had preferred to forbid patients 'to walke in the Gallories' and to retain the admiration and secure the persons of visitors, than to 'hinder the Grandieur & Prospect of the said Galleries'; another sign of how much security, and the cosmetics and propaganda of charity, took precedence over the interests (real or perceived) of patients<sup>439</sup>. In fact, the Board had also rejected Hooke's original plan for a 'double building' at Moorfields (evidently designed to segregate patients on the same lines as at old Bethlem), in preference for a much grander architectural statement of order, 'stately...Proportion' and charitable munificence<sup>440</sup>. Eighty years later, the Governors were more prepared to place patients first abandoning, in 1753, detailed plans for the erection of a brewhouse at Bethlem, owing to a heightened concern about 'Annoying and hurting the Patients'<sup>441</sup>. Their additional and continuing anxiety over 'Obstructing the View of the Hospital', however, reveals how little had changed in the way the Governors conceived of the charity.

Allowance had been made by the Governors for a reassessment of their decision to do without grates in 1676, 'if any Inconveniency shall hereafter attend the want [thereof]' and, in a sense, they were simply returning to the former blueprint when installing grates thirteen years later. After the 1680s, there is, in fact, very little explicit evidence of sexual abuse at the hospital. Plainly, however, segregation of the sexes at Bethlem was far removed from the 'monastic' enforcement instituted at mid Victorian asylums<sup>442</sup>. Much seems to have gone on under the surface and the mingling of the sexes continued to be a subject of concern for the Governors for the duration of the period. The reason behind the extension of the gallery grates 'up to ye Ceilings' in 1712 remains hidden, but the Governors clearly had reason to feel the need for this extra precaution<sup>443</sup>. I have spoken already (see chap. 2) about male visitors gaining

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<sup>439</sup> The Governors had been particularly anxious that the iron bars of the partition should 'hardly be discovered by any person in the said Gallery', although, once erected, the ground floor bar gates were not ordered discreetly concealed behind wooden screens until 1788. See *ibid*, 23 Oct. 1674, 10 Sept. 1675, 3 Dec. 1675 & 5 May 1676, fols 53, 174, 199-200 & 246; *BSCM*, 31 May 1788.

<sup>440</sup> See *ibid*, 11 July 1674, fols 15-16; Fitzgerald, *Poems*, 1; & Hooke, *Diary*, 3, 7, 10 & 11 July 1674. A double building was indubitably less pleasing aesthetically to the classically minded governing elite and less likely, at this juncture in time, to attract donors. See, also, Robert Hooke (ed.), Espinasse, 91. Unfortunately, no record either of Hooke's 'Modell', or of the Governors' reasons for rejecting it, seems to survive.

<sup>441</sup> *Ibid*, 26 March 1752, fol. 55; *BGCM*, 17 March, 15 April, 19 June & 27 Aug. 1752 & 1 March 1753, in *BSCM*, fols 285, 290, 299, 311 & 338.

<sup>442</sup> See Scull, *Social Disorder*, 78-9; Digby, *Madness, Morality & Medicine*, 67; Showalter, *Female Malady*, 34.

<sup>443</sup> *BSCM*, 26 April 1712, fol. 85. The alteration may have been purely cosmetic, however, as was the fixing of

access (with the complicity of staff) to the naked women in the upper gallery, during (and subsequent to) the 1720s. Entries in the admission registers reveal that patients continued to be impregnated on occasion at the eighteenth century hospital under mysterious circumstances. Yet while there was an average of a pregnancy every year at Bethlem during 1740-46, some, if not the majority, of these women must have conceived prior to their admission<sup>444</sup>. In 1731, the Stewards' Accounts record a payment of 10/ 'for the nurse & Midwife for y[e] Lying in Woman'<sup>445</sup>. There are signs, however, of an intensifying commitment on the Governors' part to a rigid segregation of the sexes. While in the 1680s only a single 'Bathing place' for water therapy appears to have been installed to serve both sexes, by at least the mid-eighteenth century there was a cold bath for each sex<sup>446</sup>. A strict gender division was also sought in the building of the new wings for incurable patients during 1723-35. In 1729, a year after the first wing for male incurables had been opened at Bethlem's east end, the 'Iron Grills in the middle of the second Gallery' were removed to 'the Stairs head' so that twelve of the fifty new cells could be cloistered off for the reception of female incurables<sup>447</sup>. Symmetrical segregation was restored to the hospital in 1733-5, with the addition of a complementary west wing for fifty such females and the return of the grills to their former position<sup>448</sup>. The infirmary constructed at Bethlem in the 1740s likewise preserved this division of the sexes, comprising 'two Appartments one for Men and the other for Women' with six beds in each, although total separation was not effected until the second infirmary of ten cells solely for women was added during the next decade<sup>449</sup>. Male and female patients continued to find means of contact, however, even through the high iron

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wooden 'Screens...before the Bar Gates' (to shield the ugliness of iron) directed by the Committee in 1788; see *ibid*, 31 May 1788.

<sup>444</sup> *BAR*, 1685-1747, fols 197, 211, 242, 245, 257, 263.

<sup>445</sup> *BSA*, 23-30 Jan. 1731, fol. 471.

<sup>446</sup> See *BCGM*, 7 July 1687, 29 June 1688, 24 May & 28 June 1689, fols 249, 312, 404 & 416; & esp. *BSCM*, 19 & 26 March 1757, fols 6-7, where the 'Womens cold Bath at the North West end' of the hospital is mentioned. Strype also speaks of 'a Bathing Place' only for the patients; see *Survey*, 195. Separate stove rooms had existed for both sexes, of course, at both hospital buildings.

<sup>447</sup> See *BCGM*, 9 Oct. 1729, fol. 187. Indeed, it is this wing, and not the one subsequently added to the hospital in the 1730s, which Hogarth chose to depict in his *Rake's Progress*.

<sup>448</sup> *Ibid*, 28 June, 13 July, 2 Aug. & 18 Oct. 1733, 11 Feb. 1736, fols 309, 311, 315, 318 & 376.

<sup>449</sup> See *BCGM* 8 Aug. 1753, fols 120, *BGCM*, 3 May, 20 June, 20 July & 24 Aug. 1753 in *BSCM*, fols 347, 355, 360 & 366; *BSCM*, 11 Oct. 1753, fol. 375.



grates of the galleries. In 1751 it was referred to the Grand Committee to consider 'a Proper person to Attend at the Iron-gates of the Womens Ward to prevent the Women from coming out and the Men from going into that Ward'<sup>450</sup>.

What is particularly striking in the language of the Governors' rulings concerning segregation after mid-century, is a heightened anxiety about the libido of female patients. Indeed, it is only 'such of the Women Patients as are Lewdly Given', whom the Governors specifically order 'Confined to their Cells' and forbidden company of any sort without the chaperon of a gallery maid<sup>451</sup>. How rigorously this sexual quarantine was maintained, nevertheless, is subject to considerable doubt. A basketman's wife served in the capacity of bar gates servant for a limited period only. Moreover, one of the basketmen was officially allocated to 'the Womans side' of the hospital, to assist the maid servants in their duties there, and permitted unlimited communication with its inmates<sup>452</sup>. While the Governors had grown steadily more insistent in circumscribing the intercourse of male visitors with female patients, very little had been done to restrict basketmens' freedom of entry to the womens' wards<sup>453</sup>. No doubt, both governors and medical officers were extremely averse to compromising the security of the hospital and its female staff by forbidding the assistance of male keepers altogether<sup>454</sup>. In 1815, John Haslam vindicated the employment of 'male attendance' upon female patients whenever 'compulsion' was necessary 'in the administration of medicine'<sup>455</sup>. The poorly regulated access of male servants to the female wards was, nevertheless, the subject of much censorious interrogation from the Madhouses Committee. Haslam testified to one male keeper (King) of the female patients being accused (and evidently dismissed) for 'being too familiar with a female patient of great beauty', while another 'female patient 'had been impregnated twice, during the time she was in the Hospital'<sup>456</sup>. It was not until roughly 'ten years' before this enquiry that the Treasurer

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<sup>450</sup> *BCGM*, 22 May 1751, fol. 5.

<sup>451</sup> See *BCGM*, 20 June 1765, fol. 137 & chap. 2.

<sup>452</sup> See *Ibid*, 20 June 1765, fol. 137 & list of servants' appointments in *BSA*, 1763-74, part i; 'Reynold Davis's Wife [Mary] Came to ye Barr Gates 31st July 1769'. Mary was a laundry maid, however, by 1777.

<sup>453</sup> See *ibid*, 20 June 1765 & 27 April 1769, fols 137, 250, & chap. 2.

<sup>454</sup> See e.g. *BSCM*, 4 July 1795, when, on the Matron's complaint that she 'had frequently rung her Bell' to summon the basketmens' assistance, but 'had not been attended to', all the men servants are admonished by the Committee.

<sup>455</sup> See *Madhouses Committee Reports*, 1st Report, 1815, 105.

<sup>456</sup> See *ibid*, esp. 93, 102-3, 105, 118.

of Bridewell and Bethlem 'proposed' and 'got an Order made, that no male servants should be admitted at any time on the female side without being in company with a female [member of staff]'<sup>457</sup>. The Governors had attempted to legislate more stringently over the custody of keys to the hospital, particularly the 'keys of the bar Gates', ordaining in 1778, for example, that any member of staff found in possession of any other keys 'than those Delivered to them' should be reported to the next Court 'in order to their Discharge'<sup>458</sup>. It seems highly unlikely, however, that such resolutions were strictly upheld. I have found no evidence that any officer or servant was dismissed for this offence during the remainder of the century. Keys to patients' cells had also, evidently, continued to be obtained illicitly by patients at the hospital, although whether for the purpose of escape, theft, access to females, or otherwise, can only be surmised<sup>459</sup>. From 1780, patients of either sex were ordered barred absolutely from leaving their cells, and the cell doors and bar gates ordered to be kept shut, until nine o'clock every morning<sup>460</sup>. Ultimately, it is doubtful whether the kind of regimental confinement and segregation which the governing board were increasingly attempting to implement at Bethlem would anyway have improved the situation of the patients for whom it was designed, even if enforced by staff.

## Conclusion

'The dominant images' of the treatment of the insane in the classical period are indeed, as Scull maintains, 'of whips, chains, depletion and degradation...the loss of the mad person's very humanness', with the 'constant accompaniments' of 'shit, straw, and stench'<sup>461</sup>. The reality of the Bethlem patient's environment, however, as I have demonstrated in this and other chapters, was considerably more textured and less degrading than this image would suggest. What emerges clearly is that patients' experience of confinement was not simply 'undifferentiated', but was considerably dependent on their behaviour and their relations with staff. Nor was Bethlem the unchanging monolith that some historians have portrayed it as. While many patients went

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<sup>457</sup> *Ibid*, 118.

<sup>458</sup> *BSCM*, 18 April 1778 & also, 30 Sept. 1769.

<sup>459</sup> See *BGCM*, 20 June 1765, fol. 137, where the Board directs that 'the keys belonging to the Officers and Servants of the House shall upon no pretence whatever be delivered to the Patients'; *BSCM*, 12 May 1727, fols 11-12, where staff are conclusively discovered to have entrusted their keys to patients.

<sup>460</sup> *BGCM*, 22 Jan. 1780, in *BSCM*.

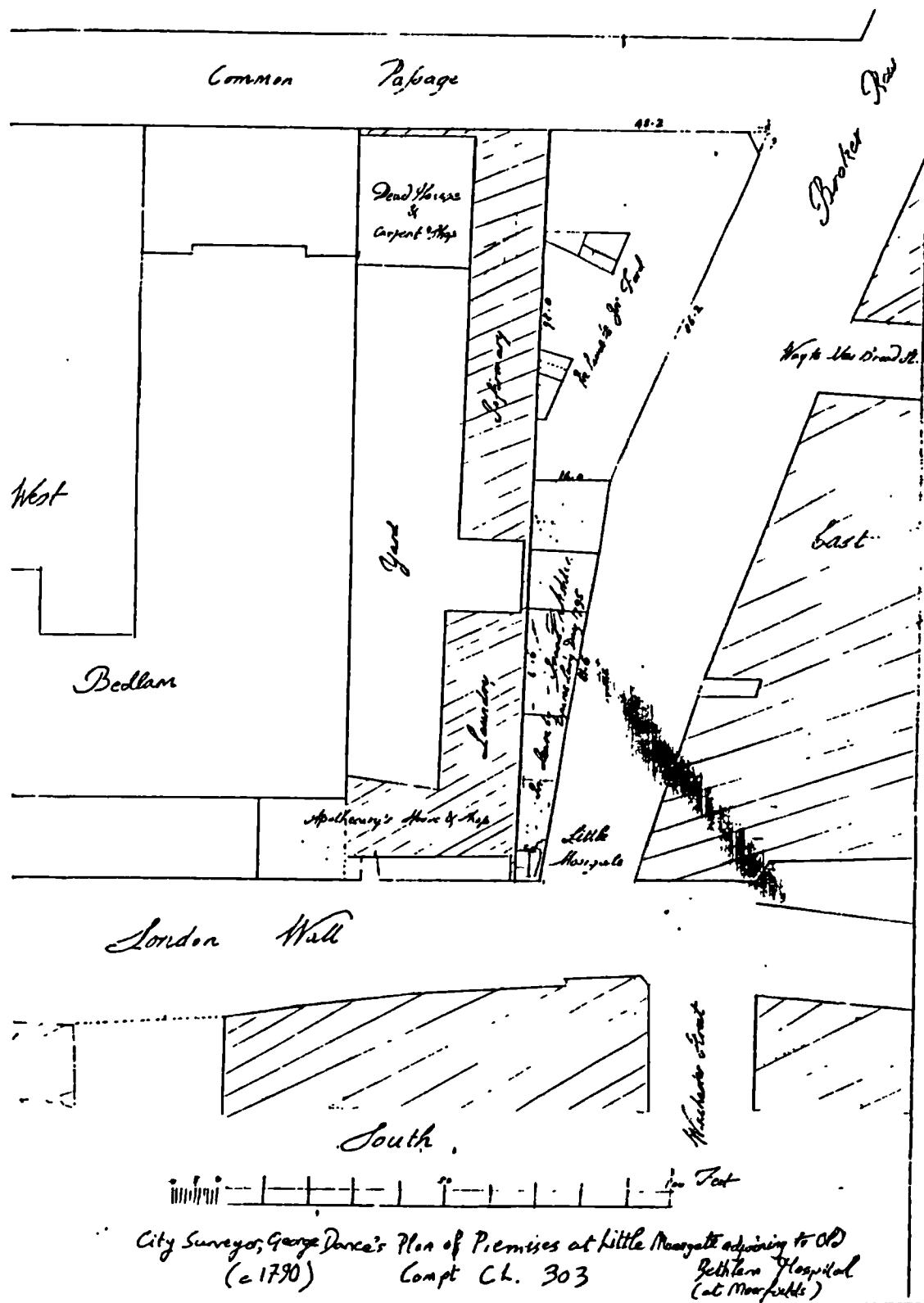
<sup>461</sup> Scull, *Social Order/Mental Disorder*, 56.

naked, were bedded on straw and half starved, for the duration of the period, by its end, the majority were on the contrary provided with sheeted beds, adequate apparell and sufficient (if slender) meals. Indeed, patients' clothing, bedding and diet, were neither as poor (given the context in which provision was made), nor as radically distinct from that on offer at other contemporary institutions, as historians have been apt to assume. Obviously, I am not seeking to give Bethlem the coats of whitewash its governors neglected to administer. Patients certainly suffered grievously from cold, unhygienic and rather brutal conditions. Indubitably, they were often, particularly in the seventeenth century, deprived of food, clothing and bedding. They received little exercise, despite its espousal in most of the medical textbooks of the day, and even the engagement of patients in occupations about the house arose, and was encouraged, less as a matter of therapy than as a method of supplementing staffing. Throughout the period, patients were subject to prolonged and frequently unprovoked, if not simply callous, periods of mechanical restraint, and coerced, if not actively bullied, by staff, into obeisance, dejection or outright revolt. Scull is assuredly right to argue that the nature and persistence of such treatment of the insane reflects the vigour of the prevailing cosmology of madness, which equated the madman with the beast, and advocated a regimen and therapeutics aimed primarily at taming and quelling the animal in man. While the correlation between medical theory and practice is not always as direct as Scull would want to argue, when even men like Wesley (who more often espoused consolation than mad-doctors for the mentally disordered), took Mead's prescription as 'a sure rule that all madmen are cowards, and may be conquered by binding', it is easy to see how medical theory might be the licence for even rougher practices<sup>462</sup>. Plainly, however, this explanation is not on its own sufficient to explain the whole gamut of responses to the insane in the classical era. Often the squalor and brutality of conditions at Bethlem arose simply from the failure of its administration and staff to meet the ideals of a proper provision. Of course these ideals themselves frequently appear pernicious to modern eyes. While, for example, the failings of the hospital's policy of segregation are largely attributable to the inadequate supervision of the administration and the mean character of staff, a rather laissez faire situation with regard to sex at least preserved patients from the tortures of sexual surgery they were to undergo at the hands of nineteenth century alienists.

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<sup>462</sup> Wesley, *Primitive Physic*, cited in Porter, *Mind Forged-Manacles*, 30. The conversion of the madman into a coward was clearly a means of negating his threat and itself manifests the fearful nature of the classical response to madness.

Fig. 3a City Surveyor, George Dance's, plan of premises at Little Moorgate adjoining to Bethlem Hospital at Moorfields, c1790. CLRO Comp. CL. 303



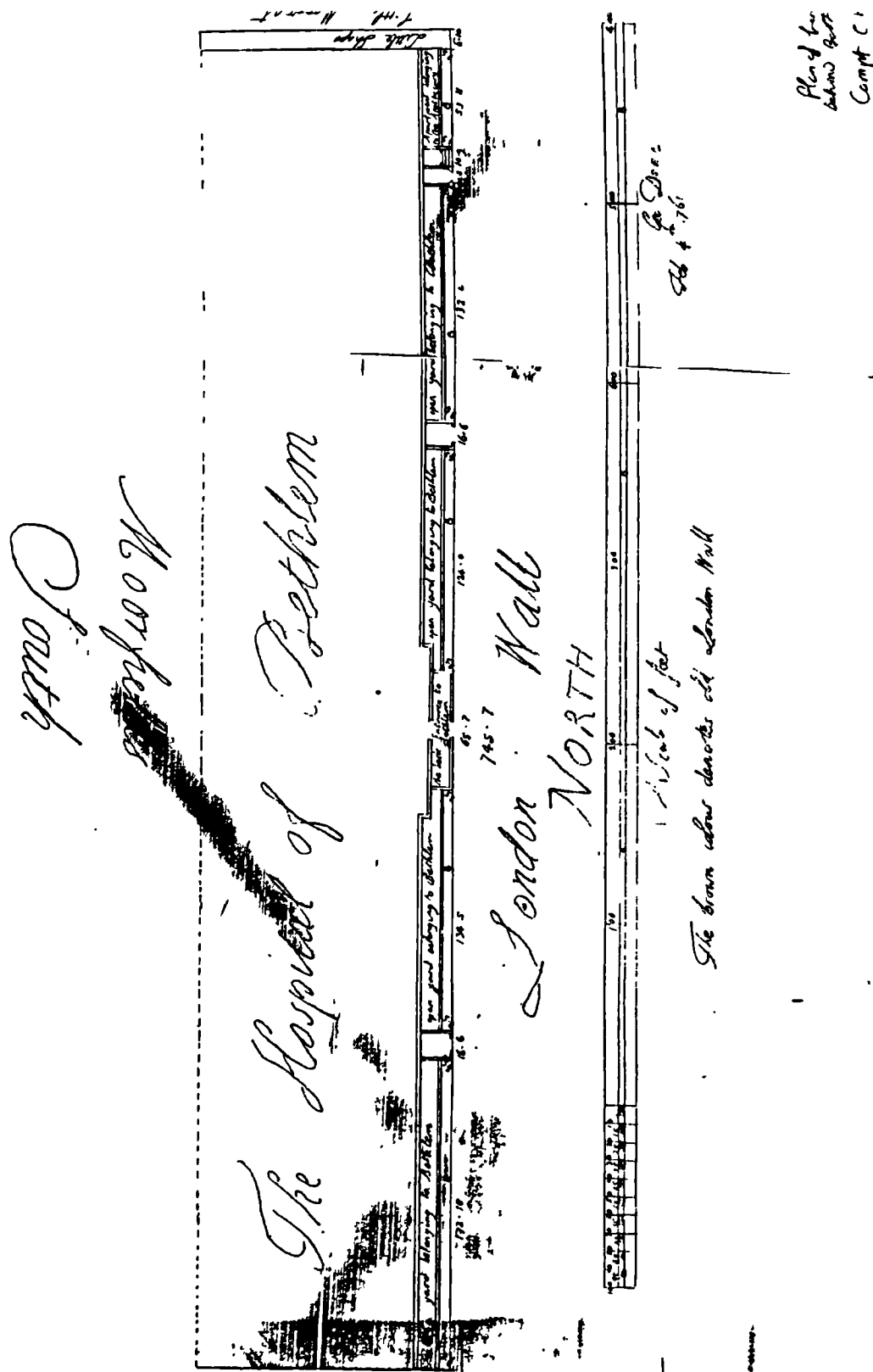


Fig. 3b Detail from Dance's plan of London Wall and the back yard and entrances to Bethlem Hospital at Moorfields, 4 Feb. 1761. CLRO Comp. CL. 114

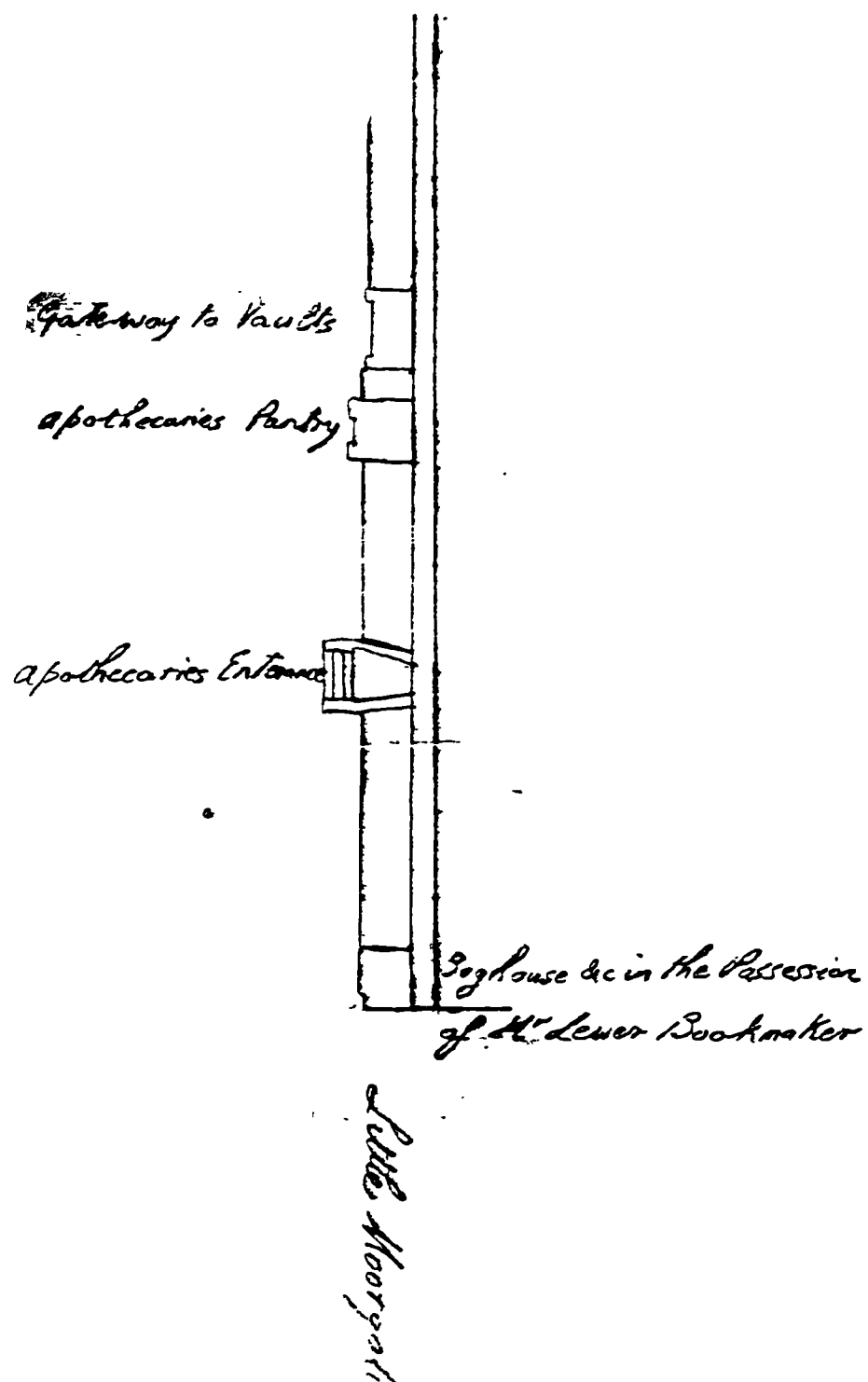


Fig. 3c Detail from Dance's plan of London Wall, showing entrances to Bethlem's vaults and the Apothecary's pantry and apartment, c1761. CLRO Comp. CL. 126b

## Chapter 4

### Medicine, Medical Officers and Therapeutics

#### Introduction

'What most discredits Bethlem is its lasting practical therapeutic apathy. None of its physicians in this period investigated insanity or advanced its treatment'<sup>1</sup>. Most historians who have examined Bethlem have broadly echoed this verdict of its medical regime. From the physician-keepership of the aptly named Helkiah Crooke (1619-32), who was dismissed (along with his steward) for embezzlement and gross dereliction of duty, to the physicianship of Thomas Monro (1792-1816), disgraced and forced to resign after the public revelations of Madhouses Committee enquiry, the medical regime of Bethlem has appeared in an almost unremittingly poor light. The only exception that has been allowed of is the physicianship of Edward Tyson (who was, indeed, an exceptional holder of the office), before and after which (as Denis Leigh, somewhat anachronistically, put it), 'psychiatry in the hospital' has been said to have 'languished in a sterile conservatism'<sup>2</sup>. While much of the evidence I present must inevitably be corroborative, I shall be more concerned here with tempering the starkness of such judgments.

What historians have tended to point to first of all to illustrate this 'apathy', has not been the practice of its medical staff (about which, not having consulted the hospital's records, their knowledge has been limited), but the failure of its physicians to publish 'a word about insanity', until John Monro was compelled into print by William Battie's criticisms of therapeutics at Bethlem, in 1758<sup>3</sup>. Historians have rarely acknowledged, however, how exceptional it was for a hospital physician to publish the fruits of his experience in this period, whether in treating the mentally ill, or the merely physically sick<sup>4</sup>. Physicians who did publish major works on insanity up until roughly the mid-eighteenth century; William Salmon, Thomas Willis, John Purcell, Bernard Mandeville, Richard Mead, Sir Richard Blackmore, George Cheyne, Nicholas

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<sup>1</sup> Porter, *Manacles*, 128.

<sup>2</sup> Denis Leigh, *The Historical Development of British Psychiatry* (Oxford, Pergamon, 1961), 6.

<sup>3</sup> *Ibid.* Doerner, also, asserts that Monro's *Remarks* 'ended the two-hundred-year-old silence of Bethlem physicians about madness'. In fact, physicians had only been serving at the hospital for 139 years (since 1619). Doerner, *Madmen & the Bourgeoisie*, 129.

<sup>4</sup> For one historian who did, see W. F. Bynum, 'Physicians, hospitals and career structures in eighteenth-century London', in W. F. Bynum & Roy Porter (eds), *William Hunter and the eighteenth-century medical world* (Cambridge, CUP, 1985), 105-28, note 18-21. See, also, Andrews, 'A respectable mad-doctor', 191.

Robinson and Robert Whytt, amongst them; are notable, either for their lack of experience in ministering to the poor insane, relying (at best) on their private practices, or for their freedom from the obligations of hospital office. Although a prolific medical writer, physician to St. Thomas's Hospital, and only too willing to theorise about the treatment of insanity, Richard Mead, for example, deferred to the specialist experience of the Bethlem physician when finding himself confronted by a disturbed patient<sup>5</sup>. Perhaps the majority of those who wrote about mental disorder during the seventeenth century were quacks (or, rather, irregular practitioners) or clergymen, not established physicians. In berating the physicians of Bethlem for failing to publish on insanity, historians are not simply objectively demonstrating the complacency and unconcern of the hospital's medical regime towards the study of mental disorder; they are also giving vent to frustration at the lack of an early published source on which to rely for the theoretical basis of therapeutics at Bethlem. After all, what a boon it would be if Edward Tyson had taken time out of his anatomical experiments to present us with an authoritative account of his ideas and experience in the treatment of the insane.

Historians have focused, moreover, on Bethlem's stubborn and reactionary response to the foundation of St. Luke's and the salvos of its physician, William Battie, against the medical regime at the former, and on the damning evidence of the Madhouses Committee enquiry into medical treatment at Bethlem. While I shall not seek to contest the extreme negativity of the hospital's response to its critics, and the poor performance of some of its medical officers whose impulse under attack amounted essentially to little more than retrenchment, I shall be concentrating on other dimensions to this controversy, in order better to explain the rationales behind the hospital's stance, and on the period preceding this threshold, when, far from appearing 'benighted', Bethlem was the scene of considerable vitality and innovation in the care and treatment of the insane.

There is no doubt that, for the duration of the period, medical officers at Bethlem remained wedded to traditional depleting and antiphlogistic remedies, or that dosages were much of a muchness for the majority of patients. Yet practitioners had very little reason to question such remedies before the latter eighteenth century. On the other hand, rarely have historians investigated (or even asked) how these remedies evolved at Bethlem over the 200 years prior to 1815, largely because no evolution is deemed to have taken place at the hospital, and in its therapeutics especially. Not all of the treatments employed at Bethlem were as old or as immutable as some historians have claimed; nor, moreover, was dosing quite so indiscriminately applied to *its* patients as historians would have it. Medical treatment at Bethlem has not been

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<sup>5</sup> See Andrews, 'In her Vapours'. John Monro regretted that Mead had not 'been more conversant in this complaint'; *Remarks*, 58.



adequately located in its context, either within the native environment of the hospital, or against the wider medical world. I shall be arguing here that Bethlem was not so removed, at least prior to the mid eighteenth century, from generalised initiatives taking place in hospital care; that, in the care and treatment of the mentally-ill, there are some areas in which Bethlem was actually a pioneer. The medical staff of Bethlem have ordinarily been portrayed as absentees, lacking a commitment to their charges, and a major focus of this chapter will be the kind of attendance required from, and given by, the Physicians, Surgeons and Apothecaries of Bethlem. I shall maintain, on the one hand, that the majority of the hospital's practitioners were conscientious and highly-motivated, at least within the terms of their contracts, but, on the other hand, that adequate allowances have not been made for the honorary, charitable basis, on which medical officers were employed at contemporary hospitals. They were salaried as nothing more than part-timers, and while Bethlem's officers were preoccupied with private practice at the cost of their hospital practice, they were little different in this respect from the majority of hospital practitioners. Nineteenth century historians have often spoken about the 'newfound conviction' of 'the lunacy reform movement' in 'the redemptive power of the institution', as if cure had not previously been an important objective in confining the insane<sup>6</sup>. Indeed, Scull goes further to assert that before the latter eighteenth century there had been no 'very confident claims from respectable quarters about the possibilities of cure'<sup>7</sup>. It will be one of my main concerns, over the course of this and my final chapter, to dispute the latter judgment.

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<sup>6</sup> Scull, *Social Order/Mental Disorder*, 50.

<sup>7</sup> *Ibid*, 58.

### Appointments, patronage, salaries and conditions of service

In criticising the medical staff of Bethlem for their lack of commitment to the treatment and cure of patients, their indifference to the conditions under which the insane were kept, and the casual and aloof, if not neglectful, manner of their attendance, historians have only partially understood the development of medical practice at the hospital, the way in which medical officers were appointed and the capacity in which they served. Helkiah Crooke, Bethlem Keeper-Physician from 1619-32, was the very first physician appointed to the hospital. Crooke's supplanting of the lay keeper, Thomas Jenner, after complaints (*inter alia*) that Jenner was 'unskilful in the practice of medicine', and Crooke's own dismissal thirteen years later, for (*inter alia*) absenteeism and his almost total neglect of 'any endeavour for the curing of the distracted persons', marks only the beginnings of a recognition of the need for constant, professional, medical attendance on the hospital's inmates. Even in the conditions of service laid down in the articles Crooke subscribed to on his appointment to Bethlem, as Alderidge has observed, there is no sign 'that...medical attention was...one of the keeper's duties'<sup>8</sup>. Appropriately then, the inmates of the house were not yet referred to by the Governors as 'patients' (literally 'persons under medical treatment'), nor even as 'Lunatikes' (i.e. distinguished by their disorder), as they were designated from the 1640s. Rather, they were defined as virtually indistinct from the inmates of Bridewell; according to their needs as objects of charity, their state of economic dependency and their isolation from society; namely, either as 'prisoners', or, more commonly, as simply 'the poore'.

As Alderidge has shown, the events of Crooke's Keepership are best viewed, less in terms of any realisation of the medical needs of Bethlem's population, than in terms of the age old struggle for control of the city hospitals between the King, the City and their own governors<sup>9</sup>. Crooke's predecessors prior to the dissolution had received the Mastership of Bethlem as a reward of royal favour, and after 1547, the Keepership continued to be enjoyed as a benison, rather than an acknowledgment of any special qualifications (medical, or otherwise), although its dispensation, and the hospital's 'custody', had been granted to the City. Little wonder then that the Masters and Keepers of Bethlem had tended to regard the office primarily as a sinecure, and 'the poore' as a means to a financial end. Crooke's appointment, as a royal nominee, signalled the renewal of the ancient claims of the crown to govern Bethlem. Indeed, I find little evidence even of the 'high-minded' motives Alderidge and O'Donoghue have suggested in Crooke's campaign to oust Jenner, although Crooke's motives are by no means a cut and dry matter<sup>10</sup>. Whatever the

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<sup>8</sup> Alderidge, 'Management', 163.

<sup>9</sup> *Ibid.*, 141-64.

<sup>10</sup> An article by C. D. O'Malley, with which Alderidge seems to have been unfamiliar, makes a convincing

likely benefits of separating the administration of Bethlem from that of Bridewell, as advocated in Crooke's 1619 petition to the King (and these are debateable), Crooke's proposal plainly accorded with both his own, and the royal, interest; to wrest control of Bethlem away from the Bridewell Governors and out of the hands of the City notables<sup>11</sup>. The subsequent duration of Crooke's service, despite clear and mounting evidence of his abuse of it, and his rather *cavalier* attitude to it, also indicates how much the Governors' hands were tied by royal patronage<sup>12</sup>. On the other hand, the Governors were themselves, perhaps, just as keen to repulse the resurgence of royal interference in their affairs, as they were to protect the interests and health of their charges.

Allderidge was quite correct in seeing Crooke's dismissal as Bethlem Keeper as the dividing line between the medieval and early modern administration of the hospital<sup>13</sup>. It marked the inauguration of a medical establishment at Bethlem on the model of that already prevailing at the other royal hospitals in the city. Consisting of three medical officers—a physician, surgeon and apothecary—elected by the Court of Governors; this establishment was to remain essentially unchanged for the duration of the period. Pitting medicine against profit making was no longer to be encouraged by entrusting patients' treatment to a keeper/physician, reimbursed via the submission of bills and a per capita maintenance allowance for each patient. Henceforth, a succession of salaried physicians attended Bethlem, with a very minor role to play in the receipt

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case for Crooke's motives being self-serving, and his conduct dishonest and arrogant, long before he attained the Bethlem Keepership. Nor, as O'Donoghue and Allderidge supposed, and as Crooke himself rather presumptuously advertised in the 1st 3 editions of his *Microcosmographia*, was Crooke 'Physician to his Maiestie'. He was merely a member of the medical department of the royal household, and his panegyric dedication of the *Microcosmographia* to James I was a typical bit of toadying from a royal physician in search of favour and possible preferment. (His 4th edition, published after James's death, was simply dedicated to the Barber-Surgeons Company to which he had been Anatomy Lecturer). Compare Thomas Allen's homage to Charles II prior to his election as Bethlem Physician in 1667, discussed below. See Crooke, *Microcosmographia. A description of the Body of Man Together with the controversies thereto belonging. Collected and Translated out of all the Best Authors of Anatomy, Especially out of Gaspere Bauhinus and Andreas Laurentias* (London, 1615, 2nd edn 1616, 3rd edn 1618 & 4th edn 1631); O'Malley, 'The Fielding H. Garrison Lecture: Helkiah Crooke, M.D., F.R.C.P., 1675-1648' in *Bulletin of the History of Medicine*, vol. xlii, no. i, Jan.-Feb. 1968, 1-18; O'Donoghue, *Bethlehem*, 156-68; Allderidge, *ibid.*

<sup>11</sup> Placing Bethlem solely under the custody of a physician/keeper, may have seen the hospital degenerate into little more than a private madhouse, remaining at the disposal of royal patronage. There is little doubt that, as O'Malley suggests, James had been primarily concerned to restore the royal prerogative over Bethlem which he (rightly) conceived had been undermined by the hospital's union with Bridewell. See O'Malley, 'Helkiah Crooke', 13-14.

<sup>12</sup> Proceedings against Crooke were not initiated until after James's death in 1625.

<sup>13</sup> Allderidge, 'Management', 155.

and accounting of patients' fees and the ordinary revenues of the hospital.

Crooke's successors were not always, however, the free and discriminating choice that the Governors would have liked, and royal patronage continued to have a significant influence in the election of Bethlem Physicians throughout the seventeenth century, nullified, temporarily, during the Protectorate, and, finally, only after the Glorious Revolution. Othewell Meverall (Bethlem Physician 1634-48) and Thomas Allen (Bethlem Physician 1667-84) had both been royal physicians prior to their appointment to Bethlem<sup>14</sup>. Indeed Meverall continued to give assistance to Charles I during the Civil War, and was praised by his intimate friend, Dr. Baldwin Hamey Jun., as a truly 'Royal Physician', for his disinterested kindness towards the deposed king<sup>15</sup>. Edward Tyson (Bethlem Physician 1684-1708) was appointed by order of the Royal Commission for Regulating the Several Hospitals in London, which, for a brief period during the constitutional crisis of the 1680s, supervised elections at the five royal hospitals, Tyson having been 'recom[m]ended' to the Commissioners 'by his Ma[aj]es[tye]' via a royal mandamus<sup>16</sup>. Thomas Nurse (Bethlem Physician 1648-67), appointed during the Protectorate, was the only physician elected to the hospital during the seventeenth century without any evidence of a connection with the Royal Court.

Yet, the Governors were in fact more successful in deflecting royal interference than appears at first sight. Despite his royal affiliations, Meverall displayed more of the character of a moderate

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<sup>14</sup> See Daniel Oxenbridge, *General Observations and Prescriptions in the Practice of Physick. On several persons of Quality, &c. By an Eminent London Physician. Who was Contemporary with Dr. Gifford, Dr. Ridgeley, Dr. Meverall, Dr. Andrews & Sir Theodore Mayerne, Physicians in Ordinary to King James and King Charles the first* (London, 1715), & XEIPÉ-OKH. *The Excellency or Handy-Work of the Royal Hand*, by 'T[homas] A[l]len M.D.' (London, 1665), esp. 'Epistle Dedicatory'.

<sup>15</sup> See Baldwin Hamey, *Bustorum aliquot Reliquiæ & Munk, Roll*, 173-4, note +; 'ut requeat Otteveli benevolentia in abactum Regem...vere Regium, succurrendo Regi fuisse medicum...'. William Joseph Birken, followed by Harold J. Cook, seems to have exaggerated the Puritan and Parliamentary sympathies of Meverall. While Crooke had, indeed, fallen out of favour with the accession of Charles to the throne, and Birken makes a convincing case for strong Puritan connections pre & post-dating Crooke's appointment to Bethlem, his case for Meverall is much more tenuous. Meverall was especially appointed Anatomy Reader at Barber Surgeons' Hall, in 1637, so that he might give the lecture in the new anatomical theatre, on the rare occasion when the Lords of the Privy Council were invited. See Birken, 'The Fellows of the Royal College of Physicians of London 1603-43: A Social Study' (University of North Carolina, PhD, 1977), 78-92, 170-73 304-7, 333-9, 362-3, 391, 393-5 & 398-9; Cook, *The Decline of the Old Medical Regime in Stuart England* (Ithaca, New York & London, Cornell University Press, 1986), 81-2 & 101-6; & Jessie Dobson & R. Milnes Walker, *Barbers and Barber-Surgeons of London* (Oxford, Blackwell, 1979), 44.

<sup>16</sup> See BCGM, 19 Dec. 1684, fol. 28; CLRO Misc. MSS 58.26, 1 Nov. 1684. Crooke, too, had been elected in accordance with a royal mandamus, with the additional support of testimonials from other worthies connected with the Court. See Allderidge, 'Management', 154-7.

Puritan/Parliamentarian in high office at the College of Physicians, during the 1630s and 40s<sup>17</sup>. Thomas Allen seems to have attempted to sue for royal favour through publication even more unctuously than Crooke before him, by devoting an entire work to a eulogy of 'his sacred Majesty', yet it was all in vain. The anonymous *XEIPÉ=OKH. The Excellency or Handy-Work of the Royal Hand*, signed 'T.A. M.D.' and attributed, reasonably enough, to Allen, is an unedifying 'account of cures wrought by the touch of the King's hand', which makes no bones about the author's 'Ambition in it' 'to invoke your Highnesse's Patronage', Allen complaining of being 'worn...out of' the King's 'Remembrance' since the latter's infancy<sup>18</sup>. Published just two years before Allen's election to Bethlem, nevertheless, his supplication fell on deaf ears. On the contrary, the King's nominee in 1667 was Dr. Richard Francklin, then assistant physician to St. Barts, although Francklin had originally petitioned the King for a reversion to the physicianship of the latter hospital<sup>19</sup>. Indeed, it mattered less to contemporary practitioners which hospital physicianship they acquired than that they actually acquired one—practitioners commonly standing for more than one vacancy—although medical posts at Bethlem were perhaps the least prized of those available. It would be an anachronism, however, to expect such appointments to reflect any special expertise in treating the insane as oppose to the merely physically ill.

Francklin secured a letter of recommendation from the King, via one of the chief promoters of royal patronage, (Sir) Joseph Williamson, Secretary to Lord Arlington (and, himself, future Secretary of State, 1674-8), whose letter to the then Lord Mayor, Sir William Bolton, was gratefully acknowledged by Francklin to have made the Mayor 'more inclinable then before' to his candidacy. Despite such canvassing, however, and despite the presence of Sir Richard Browne, President of Bridewell and Bethlem, at the election (which Francklin had pressed for in his letter to Williamson), the Governors came down decisively in favour of Allen and of their own

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<sup>17</sup> See Birken, *Fellows of the RCP*, 304-7, & Cook, *Decline of the Old Medical Regime*, 103-6.

<sup>18</sup> This would suggest that Allen had merely been physician to Charles during his infancy and prior to the Restoration, rather than Physician-in-Ordinary, as *The Dictionary of Anonymous Literature*, vol. 3, 68, maintains. Despite its homage to Charles and a dedication to the Duke of York (the future James II), that the work was merely signed 'T.A. M.D.', implies that Allen was no longer officially attached to the Court.

<sup>19</sup> For this and ensuing discussion, see *BCGM*, 12 & 26 June 1667, fols 49, 51 & 53; *P.R.O. SP29/206*, fols 103-4 & *P.R.O. SP29/207*, fol 13, & *CSPD*, vol. ccvi, 103-4 & vol. ccvii, 13, 216 & 231. Francklin petitioned for the King's favour 'in considerac[i]on of the Loyalty and Services' of his father as 'a Servant to the Crowne', & it seems that others amongst his 'relac[i]ons' had also served the crown. Royal patronage had formerly prevailed in recommending Dr. Dacres to a physicianship at St. Barts, & Francklin cited this precedent in his original petition to the King.

independent right to govern the hospital<sup>20</sup>. Bolton was indeed a loyal agent of the crown, active 'in his Majesty's affairs in the city'. As outlined in chapter 3, he was subsequently reciprocated for his support, when, having publicly criticised the workmanship in the building of new Bethlem and been struck off the hospital's board of governors, he appealed to the King and was restored by virtue of a royal writ<sup>21</sup>. Yet even Bolton's loyalties may have been divided. In a letter to Williamson, Bolton made tactful excuses for the Governors' assertion of their prerogative, explaining politely, but firmly, that while 'all due respects [were] paid' to the King's letter' and he himself had endorsed Dr. Francklin, 'Dr. Allen...had made his way before &...[was] Better known then ordinary to ye governors', although Allen still seems to have required 'his Ma[aj]esties letter' post haste once the Governors had made their choice<sup>22</sup>. Evidently, practitioners were best advised to begin their electioneering well in advance. Irrespective of the Governors' wariness of their prerogative, Francklin's campaign appears to have been organised too belatedly to have hoped to sway their vote, his testimonials being received only about a week before the election was due to take place<sup>23</sup>.

Royal will certainly prevailed, on the other hand, in the election of Edward Tyson after Allen's death, although the situation may have been confused by the existence of two royal nominees for the office. An anonymous obituary, evidently written by an intimate friend of Tyson's<sup>24</sup>, claimed, credibly enough, that it was through the 'Interest' 'at Court' of 'the Lord Keeper [Francis] North', who 'was the Doctor's hearty Friend', that Tyson had procured his royal writ. The same source also attested, however, that Dr. Charles Goodall (a Fellow and

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<sup>20</sup> The vote was 3 to 1 in Allen's favour, Allen getting 25 hands, Francklin just 8, and no other of the 5 remaining candidates getting more than 3—an obvious enough snub, however deferentially it might be put, to royal interference, and a response which was being echoed at other metropolitan hospitals and institutions.

<sup>21</sup> See chap. 3 & *BCGM*, 27 Nov. & 4 Dec. 1674, 23 Dec. 1674, 31 March, 16 & 30 April & 19 May 1675; fols 71, 75-6, 81, 115, 120, 125 & 129; Hooke, *Diary* (eds), Robinson & Adams, 13 April, 7 & 12 Oct. & 30 Nov. 1674 & 1 April 1675.

<sup>22</sup> Strikingly, Bolton's letter informing Williamson of the result of the election is dated the day before the meeting of the Bethlem Court of Governors actually took place, implying that an informal decision had already been made outside the Court forum.

<sup>23</sup> The election had actually been deferred by the Bethlem Governors from the 12th to the 26th of June 1667.

<sup>24</sup> See *A Compleat History of Europe* (London, 1708), 404-9, reprinted as 'An Account of the Life and Writings of Dr. Edward Tyson', in *The European Magazine and London Review*, vol. 16, July-Dec. 1789, 241-3. M. F. Ashley Montagu, *Edward Tyson M.D. F.R.S. 1650-1708 and the Rise of Comparative Anatomy in England* (Philadelphia, The American Philosophical Society, 1943), 419, ascribed this work to Tyson's friend, Richard Waller.

future President of the College of Physicians) obtained a mandamus, as well, for the Bethlem post, 'by the Sollicitation of his Friends', and that he and Tyson 'acted in that station [for some time] conjointly', until Tyson 'at last bought out the other'. While this offers an interesting insight into the kind of wrangling for hospital posts that went on in this period, and the high value accorded to such posts by practitioners, there is no evidence of Goodall's candidacy for the Bethlem Physicianship, let alone his attendance at Bethlem, in the hospital's minutes, and it is possible that the story is entirely apocryphal<sup>25</sup>. Whatever the case, medical posts at hospitals were plainly decided by interest rather than talent.

This is not to say that physicians' credentials were entirely insignificant in hospital elections. An Oxbridge education was a virtual prerequisite for an appointment. Throughout the seventeenth and eighteenth centuries, Bridewell and Bethlem Physicians hailed from one or the other university, a prevalence of Cambridge graduates giving way to a monopoly of Oxonians in appointments to the hospitals from the 1680s, as might be expected, with Tories beginning to dominate the ranks of its Governors and officers.

Affiliation with the College of Physicians was also important for applicants. Six (Crooke, Meverall, Allen, Tyson, and John and Thomas Monro) of the ten physicians appointed to Bethlem in this period had become Candidates of the College prior to their appointments. Allen, Tyson and Thomas Monro, had actually been elected Fellows of the College, while Meverall had been Censor on four occasions and Anatomy Reader, before being selected for office at Bethlem. Membership of the College was by no means essential, however, and the majority of Bridewell and Bethlem Physicians achieved Fellowship and office at the College *after* their election to the hospitals. As Bynum has observed, hospital appointments were not normally conveyed in recognition of success, but were 'a means to success', and thus 'sought early in one's career or not at all'<sup>26</sup>. Although, a week after electing Thomas Nurse as Bridewell and Bethlem Physician, the Governors had plainly been anxious about 'his being of the College', asking the Treasurer to 'speake w[i]th Doctor Nurse concerning' this matter (and Nurse was indeed, then and subsequently, no more than a licentiate of the College), this did not prevent his appointment and continuance in the office<sup>27</sup>.

<sup>25</sup> Indeed, Goodall had been elected a governor of the hospitals in 1682, & as such ought to have been debarred from office, although he stood as a candidate at the annual election of 1683 against Allen. See *BCGM*, 28 July 1682 & 5 July 1683, fols 316, 386 & *infra*.

<sup>26</sup> Bynum, 'Physicians, hospitals and career structures', in Bynum & Porter (eds), *William Hunter*, 118 & 121.

<sup>27</sup> See *BCGM*, 21 & 28 July 1648, fols 352-3. Two seventeenth century bequests from zealous supporters of the College's authority (Francis Tryon and Meverall's friend, Baldwin Hamey) had sought to extend its influence by linking the gifts to successful College nominations for vacant hospital physicianships. There is no record,

At the beginning of the eighteenth century, Thomas Hearne emphasised the importance for the contestants in elections for hospital physicians of gaining 'Interest' with the influential medical men of the day<sup>28</sup>. The foundation of the Royal Society in 1663 had provided contemporary physicians with an additional platform for study, corporate identity and productive associations, outside the College of Physicians, and three successive Bethlem Physicians (Allen, Tyson and Hale) were quick to seize the opportunities that membership of the Society offered. Tyson was particularly active, establishing a deserved reputation as a comparative anatomist through numerous experiments and contributions to the Society, becoming FRS (1679), serving on the Council (1681, 1683 and many times thereafter), and being made Anatomy Curator (1683), before he was appointed Physician to Bridewell and Bethlem (1684)<sup>29</sup>. It was possibly such activities that gained him the patronage and friendship of Francis North; so decisive in Tyson's 1684 election; North sharing his enthusiasm and interest in the proceedings of the Society and the progress of natural science, although declining the responsibilities of a Fellowship<sup>30</sup>. Likewise, Tyson won the respect and comradeship of a variety of Fellows, some of whom were governors of Bridewell and Bethlem or eminent physicians, whose backing may have eased the anatomists passage to the post<sup>31</sup>. On his appointment by the Royal Commissioners in 1684

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however, of a single College nomination to a vacancy at any hospital during this period, except St. Barts, and only once did that nomination prevail, the College generally preferring to keep the money for itself and deferring to the determination of hospital boards to govern their own affairs. See A. M. Cooke, *A History of the Royal College of Physicians of London* (Oxford, Clarendon, 1972), 3 vols, vol. iii, 842-3.

<sup>28</sup> See Hearne, *Remarks and Collections* (ed.), C. E. Doble (Oxford, Clarendon, 1889), 372-3.

<sup>29</sup> For Tyson and the Royal Society, see e.g. Montagu, *Edward Tyson*; Michael Hunter, *The Royal Society and its Fellows 1660-1700. The Morphology of an Early Scientific Institution* (The British Society for the History of Science, 1982), 220, & *RSJB & RSCJB, passim*, 1679-1708. His publications prior to his election to Bethlem include *Phocaena, or, the Anatomy of a Porpoise, dissected at Gresham College...* (London, 1680); '...or, the Natural History and the Anatomy of the Ephemeron, a Fly that lives but Five Hours...', trans from John Swammendam's original Dutch (London, 1681), & 'Vipera Caudisana America, or, the Anatomy of a Rattle Snake, dissected at the Repository of the Royal Society' (1683), in *P.T.*, No. 144, 25. For a fuller bibliography, see *The History of the reign of Queen Anne, Digested into Annals* (London, 1709), 344-5, & Montagu, *op. cit.*

<sup>30</sup> North died the year after Tyson was elected to Bethlem.

<sup>31</sup> Tyson was an intimate friend of the architect of new Bethlem and FRS, Robert Hooke, appearing regularly in the latter's diary from 1679, and elected FRS on Hooke's proposal in the same year. Others mentioned in the diary frequently associating with Tyson & Hooke, include, Sir John Hoskins, President of the R.S. 1682-3; Abraham Hill, Treasurer of the R.S., appointed a Bethlem Governor in 1675; Dr. Robert Plot, Antiquary & FRS; Daniel Colwall, Treasurer of the RS 1665-79; John Beaumont, geologist & Somersetshire surgeon. Tyson was also on friendly terms with John Evelyn, the philosopher & FRS, who like most of the Fellows was recognising Tyson as a 'learned Anatomist' by the early 1680s. See *BCGM*, 26 Feb. & 16 April 1675, fols 106, 117; Hooke, *The Diary* (eds), Robinson & Adams, & *The Diary of John Evelyn* (ed.), de Beer, vol. iv, 275, 289-90, 297, 314 & 337.



Tyson was said to have been 'very well recom[m]ended for his abilitye & skill in his profession'<sup>32</sup>. I have described, elsewhere, how Richard Hale went about acquiring the right credentials prior to his appointment to Bethlem, courting the recognition of the Royal Society via his anatomical research and writings; and it was evidently his forging of friendships and connections with established physicians; Edward Tyson, his predecessor at Bethlem, in particular; which saw him prevail over all other rivals in the 1708 election<sup>33</sup>.

Just how secondary were medical qualifications in determining elections to hospital physicianships, nevertheless, is suggested by the superior calibre of many of those doctors whose candidacy failed to gain the support of the assembled governors of Bridewell and Bethlem. The quality and number of these candidates also indicates how hotly elections were contested. Although the appointments of Croke, Meverall and Tyson, were essentially determined by outside authorities, and only one other candidate is recorded, the elections won by Nurse (1648), Allen (1667) and James Monro (1728), were contested by a total of twenty doctors<sup>34</sup>. Neither Nurse, Allen, Hale nor James Monro, were obvious choices, judging strictly by their medical experience and credentials. Nurse's opponents were all better established at the College of Physicians, and included the distinguished physician [Sir] Francis Prujean [Prigeon] and the well-patronised parliamentarian, Thomas Wharton<sup>35</sup>. Nurse had, himself, practised in Leicester, for about four years after obtaining a licence from Oxford University (1636), & had only been practising in

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<sup>32</sup> *CLRO Misc. MSS 58.26*, 1 Nov. 1684.

<sup>33</sup> See Andrews, 'A respectable mad-doctor', 172-3.

<sup>34</sup> Nurse prevailed over 4 opponents in 1648; Allen over 6 opponents in 1667, & James Monro over 7 opponents in 1728. Unfortunately, the number of candidates contesting the 1708 election, won by Hale, is not given in the Governors' Minutes. Only the runner-up, John Branthwait, is named. See *BCGM*, 13 April 1619, 21 July 1648, 26 June 1667, 19 Dec. 1684, 10 Sept. 1708 & 9 Oct. 1728, fols 110, 352, 53, 28, 439 & 163, & Andrews, 'A respectable mad-doctor', 172.

<sup>35</sup> Prujean had been Censor of the College (1639 & 1642-7); Registrar (1641-7); Elect (1647); and was to be President (1650-54); Treasurer (1655-63), and Consilarius (1656-66). Wharton had studied medicine under Cromwell's own physician, John Bathurst, & been awarded his M.D. by virtue of letters from the parliamentary general, Sir Thomas Fairfax. He became CCP in Jan. 1648; was Censor 6 times during 1658-73; became Physician to St. Thomas's in 1659, & was renowned for his work as an anatomist. The other candidates in 1648 were the lesser known 'Dr. [Peter?] Salmon (d.1675), FCP (1639), & 'Dr. Goddard'. Whether the latter was Jonathan or William Goddard, both doctors were better qualified than Nurse. Jonathan became FCP (1646; Anatomy Lecturer (1647); Gulstonian Lecturer (1648); Censor 8 times (during 1660-72); Elect (1672); & (another loyal parliamentarian, winning Cromwell's confidence), was appointed physician to the army by 1649 & continued to be patronised throughout the Protectorate. William became FCP (1634), & was Censor (1638, 1641 & 1644), although he was dismissed from his Fellowship the year after the Bethlem election. See Munk, *Roll*, i, 185, 216, 223, 255-7, & *DNB*, for Prujean, Wharton & Jonathan Goddard.

London for seven years when appointed to Bethlem<sup>36</sup>. On the other hand, Nurse was already gaining a reputation as an anatomist at this time, being elected Anatomy Reader by the Barber-Surgeons Company the year before his appointment at Bethlem<sup>37</sup>. Allen's competition in 1667 was rather less impressive, but did include Nathaniel Hodges, whose services to London residents during the 1665 plague and whose attack on quacks, published in 1666, in medical terms, better qualified him for the post than Allen<sup>38</sup>. In the same terms, the election of James Monro, in 1728, which inaugurated a dynastical domination of 125 years by the Monro family of the Bridewell and Bethlem Physicianship, was the least likely result of all the elections for the office during this period. Monro's opposition was first-rate. It included four physicians who were already relatively well-established in the contemporary medical world, two of whom occupied existing physicianships at other institutions. Richard Tyson (1680-1750), runner-up in the election, was not only Physician to St. Barts (1725-50), but was FCP (1718); Censor (1718, 1728, 1734, 1736 and 1737); Registrar (1723-35); Harveian Orator (1725); was to be Treasurer (1739-46) and President (1746-50), and had been the favourite nephew of the former Bridewell and Bethlem Physicians, Edward Tyson and Richard Hale<sup>39</sup>. Charles Bale, who won through to the second ballot, was FCP (1719), Censor (1723), Harveian Orator (1728) and Physician to the Charterhouse (1725-30). William Rutty (1687-1730) was Secretary to the Royal Society (1727-30); an

<sup>36</sup> Nurse held lands in Oadby, co. Leices., which he bequeathed to his son, Walter, & seems to have treated Revd. Thomas Pestell, Vicar of Packington, co. Leices, who dedicated a eulogy to him in 1629. See *P.C.C. Prob. 11/324, q.n. 82*; *The Correspondence of Bishop Brian Duppa and Sir Justinian Isham 1650-60* (ed.), Sir Giles Isham (Northants, Northants Record Soc., 1951), 156, note 2; Munk, *Roll* (annotated edn), i, 230; Foster, *Alum. Oxo.*

<sup>37</sup> See Dobson & Walker, *Barbers & Barber-Surgeons*, 140.

<sup>38</sup> Hodges became CCP in the same year as Allen (1659) and the City granted him an annual stipend as its official physician in recognition of his services during the plague. He subsequently published an account of the plague in Latin (1672), was made FCP (1672) in recognition, served as Censor with Allen (1682), delivered the Harveian Oration (1683), but died in debt at Ludgate prison in 1688. The other candidates (excluding Richard Francklyn, of whom I have already spoken), are notable for their lack of credentials. 'Dr. Triplett' is mentioned in none of the standard biographical sources, & seems never to have had any association with the College of Physicians. 'Dr [Thomas] Lenthall', was ejected from his fellowship at Pembroke College, Cambridge, & never obtained more than a licence to practice from the College of Physicians (1649). Very little is known about 'Dr Dawtrey', possibly Edward Deantry, who was admitted as an honorary FCP in 1664. 'Dr. Coyse', evidently Elisha Coysh, became CCP the year after Allen (1660), achieved respect in his Highgate practice for his services during the plague, but can have been little known to the majority of the Governors by 1667. He was subsequently FCP (1673), & Censor (1676). See Munk, *Roll*, i, 248, 332 & 367, & *DNB*, for Hodges.

<sup>39</sup> The report contained in *The Daily Journal* of 28 Sept. 1728 (No. 2410), that Hale had recommended Tyson to the vacancy in his will was, however, an unfounded rumour. See Andrews, 'A respectable mad-doctor', 173 & note 25.

ex-Gulstonian Lecturer (1722); Censor (1723); Anatomy Reader at Surgeons Hall (1721, 1724 and 1728), and had published *A Treatise on the Urinary Passages* (1726). Sir Richard Manningham, was already well-renowned for his practice as an accoucheur by 1728; was made FRS in 1720; knighted in 1721 and was celebrated for his publicised exposure of the fraud of 'Mary Tuft the pretended Rabbit Breeder', in 1726<sup>40</sup>.

Monro, who was not even CCP when elected to Bethlem and had been practising in Greenwich for most of the period following his qualification as M.D. in 1722, was, on face value, a thoroughly improbable candidate. Yet *The Daily Journal* knew in advance that Monro was likely to be chosen<sup>41</sup>. On the other hand, Monro was far from unknown in the medical world of the 1720s. He had been involved in one of the first pioneering experiments in inoculation for smallpox, during the 1720s, conducted upon the young George Percival, son of Lady Catharina Percivall, in collaboration with the renowned surgeons, Claudius Amyand and William Cheselden (1688-1752), and had corresponded on the matter with James Jurin, Physician to Guy's Hospital (1725-32) and Secretary to the Royal Society (1721-7)<sup>42</sup>. Both Monro and Bale had been unsuccessful candidates at Barts in 1725 when Richard Tyson got the Governors' vote and the support of established physicians like Mead, Freind and Hale<sup>43</sup>. Indeed, as Hearne's *Remarks* suggest, it was 'interest' and politics which primarily determined such elections, and Monro's interest must have been particularly strong to have prevailed in 1728. James was the second son of the Jacobite, Alexander Monro D.D. (d.1715?), Principal of Edinburgh Univer-

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<sup>40</sup> Manningham may have suffered from the inferior status accorded man-midwifery in the contemporary medical world. The other three failed candidates were George Owen, John Tempest and William Martin. Little is known of Owen or Tempest, although Tempest won through to the second ballot. Martin, on the other hand, as a Leyden trained physician, who had completed his thesis on diseases associated with menstruation & virginity and who had been admitted CCP 3 months prior to the 1728 election, would also appear to have been better qualified than Monro. John Radcliffe was not a candidate, as the press claimed, although he had been a candidate for the Barts' Physicianship gained by Tyson in 1725. See *The Daily Journal*, No. 2411, 30 Sept. 1728; *LEP*, No. 126, 26-8 Sept. 1728; Munk, *Roll*, ii, 68, 74-5, 110; A. George W. Whitfield, *The First Thirty-Seven Registrars of the College* (Privately Published), in RCP Lib., 87-8; *DNB*, for Manningham & Ratty; William Martin, 'De Fluxu Menstruale et Morbis Virginum' (D.M.I. Leyden, 1725); Sir Richard Manningham, *Exact Diary of what was Observed during a close attendance upon Mary Toft the Pretended Rabbit Breeder* (London, 1726); William Ratty, *A Treatise on the Urinary Passages* (London, 1726).

<sup>41</sup> *Op. cit.*, No. 2418, 8 Oct. 1728.

<sup>42</sup> See ltrs from Claudius Amyand to James Jurin; from James Monro to Jurin; from Lady Percival to Amyand, & from Amyand to Jurin; dated, respectively, 26 March 1726; 14 April 1726; 6 Aug. & 26 Aug. 1725, in 'Innoculation Letters & Papers', in Royal Society Lib., fols 319-22 & 328-31. See, also, letter from James Monro contained in MS entitled 'Success of Vaccination against Smallpox' in the Hunter collection.

<sup>43</sup> See Hearne, *Remarks*, 372-3; Andrews, 'A respectable mad-doctor', 173; Whitfield, 'Registrars', 88.

sity, and had accompanied his father to London in 1691, when the latter was removed by the government of William III from the see of Argyle<sup>44</sup>. The slur of paternal Jacobitism continued to be visited upon the Monro sons, James being condemned as 'a Jacobite' by his private patient, Alexander Cruden, while John Monro was censured by Horace Mann in letters to Horace Walpole, as one of 'the Jacobites abroad', for frequenting the Pretender's Court when in Italy as a Radcliffe Travelling Fellow<sup>45</sup>. <sup>John</sup> Monro was already an active supporter of high church anglicanism, by this time, being a member of the Corporation of the Sons of the Clergy<sup>46</sup>. Given the strength of the Tory presence and Jacobite affiliations on the Bridewell and Bethlem Board of Governors, during the first half of the eighteenth century, the Monro's domination of the hospitals' physicianship appears less surprising<sup>47</sup>. Yet, the Monros seem to have displayed no

<sup>44</sup> James was entered 8 years later as a commoner & Snell Exhibitioner at Balliol College, Oxford, where he graduated AB, 1703; MA, 1708; MB, 1709 & MD, 1722. See Munk, *Roll*, 113-4; *Admission Book of Balliol College*.

<sup>45</sup> See Alexander Cruden, *Mr. Cruden Greatly Injured* (London, 1739), 24; *Adventures*, pt i, 23; & W. S. Lewis (ed.), *Horace Walpole's Correspondence* (New Haven, Yale University Press, 1954), 48 vols, vol. 19, letters from Horace Mann to Walpole dated 4 & 18 Jan. 1746 & 16 May 1747, 191, 196 & 400, & accompanying notes; *DNB*; & Foster, *Alumni Oxoniensis*. The Radcliffe Travelling Fellowship was more often than not awarded to Tories & Jacobite sympathisers. Monro had associated on his travels with the likes of John Bouverie, Rowland Holt & Richard Phelps. Bouverie (ca 1722-50), traveller & patron of art, was related to the 'Jacobite' baronet & M.P., Sir Jacob Bouverie (1694-1781), & was alleged by Mann to be a disciple of Edward Holdsworth (1684-1746), the non-juring classical scholar and tutor of William Pitt, whose Jacobite sympathies were well known. Both Holt (ca 1723-86) & Phelps (ca 1720-71) were supporters of the Pitt administration & its successors. Holt was M.P. for Suffolk (1759-68 & 1771-80), while Phelps having been travelling tutor to Bouverie & the Jacobite Duke of Beaufort, held office successively as secretary of legation at Turin (1761); secretary of embassy at Madrid (1763) & under-secretary of state (northern dept. 1763 & 1770). All three, however, like Monro, were Oxford graduates and art enthusiasts, which probably explains their association as much as does affinities in their politics.

<sup>46</sup> See *Daily Journal*, No. 2452, 16 Nov. 1728.

<sup>47</sup> Bethlem was well known as a Tory bastion & a resort for Jacobites in the eighteenth century, while the hospital's great champion in the press, *The London Evening Post*, was commonly disparaged as 'a J[acobite] Paper'. See e.g. *LEP*, No. 3648, 7-9 March 1751. Amongst the prominent governors during 1710-35, e.g. were:- Francis Atterbury (1662-1732), Bishop of Rochester, a strong Tory & a non-juror; a sympathetic correspondent to the Jacobite conspirator, Lord Mar; forced into exile himself in the 1720s for plotting against the government; Bridewell Chaplain (1685-1713) & elected a governor together with the Tory satirist & Dean of St. Patrick's, Jonathan Swift, in 1714 (*BCGM*, fol. 43); the passionately Tory/quasi-Jacobite Rawlinson family—Thomas Rawlinson, an active governor of Bridewell and Bethlem since 1706; eldest son and heir of Sir Thomas (1647-1708), President of the united hospitals (1705-8); & the brother of Dr Richard Rawlinson (1690-1755), also an active governor of the hospitals, since 1713, and a non-juring bishop, who, significantly, was to nominate John Monro to the governorship he assumed in 1748; Humphrey Parsons, President of Bridewell & Bethlem (1725-41), Lord Mayor (1730), Tory M.P., famous for his speech against the Excise Bill, son of the quasi Jacobite ex-Lord Mayor, John Parsons; Francis Child, Tory M.P.; Sir John Williams, Tory Lord Mayor of London (1736); Henry Hoar, the great Tory banker & ex-Tory-M P. for Salisbury; Dr. John Freind, Tory physician, implicated in the Bishops' Plot & sent to the Tower, & Sir John Hynde Cotton, bart, Tory/Jacobite conspirator & M.P, elected governors together in 1728; the Duke of Beaufort & Sir Richard Grosvenor, bart, leading Tory M.P.s, elected

conclusive signs of disaffection to the existing government and their careers are more indicative of the ambiguous, than the determinant, influence of political persuasions on medical patronage and practice. According to Horace Walpole, James Monro had in fact been held in 'great regard' by his father, Sir Robert Walpole, and it had been Walpole who (on this account) had exerted his 'interest' to make James's son, John, 'travelling physician' in 1741<sup>48</sup>. Indeed, James had clearly advised Sir Robert Walpole occasionally on matters of health, while John was also to be much relied upon by Horace Walpole during the bouts of mental disorder suffered by his nephew, Lord Orford<sup>49</sup>.

Whatever the 'interest' which propelled James Monro into the Bethlem Physicianship, four nepotistic generations of Monros at Bethlem, as historians have often concluded, undoubtedly imparted a somewhat stultifying degree of conservatism to therapeutics at the hospital (although, as I argue below and have argued elsewhere<sup>50</sup>, this conservatism has been exaggerated). On the other hand, both John and Thomas (and indeed Edward Thomas) Monro, had proven their worth to the Governors as assistants to their fathers, prior to their appointments as sole physicians. John had served in this capacity for almost a year and a half and Thomas for over four years, and the Governors had every reason to have more confidence in their 'home-grown' experience and expertise, than in that of a less familiar practitioner. John's years studying medicine in Europe, as a Radcliffe travelling fellow (1741-c48), at Edinburgh and Leyden especially, would have equipped him particularly well for any hospital physicianship. He had

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governors together in 1728.; George Henry, 2nd Earl of Litchfield, a high Tory & supporter of the Craftsman, & Sir Robert Abdy, one of 6 Tory politicians involved in conspiring for a Stuart restoration, elected governors together in 1729, & last, but not least, the Earl of Orrery, a Tory & 'crypto-Jacobite', elected a governor in 1733. See *BCGM*, 3 Sept. 1703, 22 March, 23 June & 11 Aug. 1704, 13 March 1706, 6 Sept. 1723, 28 Sept. 1727, 12 & 26 July, & 9 Oct. 1728, 17 April & 18 July 1729, 1 Dec. 1732 & 28 June 1733, 29 April & 14 Oct. 1748, fols 168, 196, 199, 206, 288, 21, 136, 152, 157, 161, 177, 181, 301, 309; *DNB*; Romney Sedgwick, *The House of Commons, 1715-54* (London, HMSO, 1970), 2 vols; Colley, *Tory Politics*; Hearne, *Remarks*, v; 182, 184-5, 222, 316, 360 & 378; viii, 372-3, 401, 407; ix, 23-4, 35; and x, 54, & Folkestone Williams (ed.), *Memoirs and Correspondence of Francis Atterbury* (London, W. H. Allen, 1869), 2 vols, ii, 295, 301-3, 308-9, 315-6 & 350-4.

<sup>48</sup> Walpole, *Correspondence* (ed.), Lewis, vol. 19, letter from Horace Walpole to Mann dated 7 Feb. 1746, 210. Characteristically, Walpole used the connection between John & his father's profession to ridicule the Pretender's supporters, remarking 'if he [John] has any skill in quacking madmen, his art may perhaps be of service now in the Pretender's court'; a good indication of the ambivalent prestige imparted by psychiatric expertise.

<sup>49</sup> See *Ibid.*, vol. 12, 95; vol. 24, 316, 367 & 372; vol. 33, 254; vol. 34, 47; vol. 36, 335-6, & vol. 42, 355-6. I have found no evidence of any association between James Monro & Walpole before the Dr. was elected Physician to Bridewell & Bethlem, however, & it seems highly unlikely that Robert Walpole would have attempted to exert his influence with the Governors on Monro's behalf in 1728, or (given their Tory/opposition bias), that his nomination would have been successful.

<sup>50</sup> See Andrews, 'Hardly a hospital'.

been well groomed for the Bethlem post by his father, serving with, or in place of, James, on Bethlem Sub and Grand Committees from January 1748, before he had been elected or even nominated as a governor<sup>51</sup>. Continuing to make himself known to the Governors, by a regular attendance at Courts and Committees, once he had taken his charge in October, John was the natural choice to assist his ailing father in 1751 and to replace him on his death the following year. It was by no means unusual for sons to succeed to their fathers' practices in the medical profession, and family interest played a decisive part in the allocation of offices at many institutions besides Bethlem throughout the period<sup>52</sup>. The Monros domination of the Bridewell and Bethlem Physicianship for 125 years was, however, unprecedented amongst the medical regimes of contemporary English hospitals.

Nepotism was also rife in the appointment of surgeons to Bridewell and Bethlem, three sons succeeding their fathers to the post during 1656-1815. Between them, the Higgs, Wheelers and Crowthers, provided the inmates of both hospitals with surgical attention for a total of 130 years (see Table 4d). Like the Monros, however, the junior members of the partnership had proven themselves serving quasi, or full-fledged, apprenticeships at the hospitals, and the Governors plainly had a high regard for empirical experience, particularly with the insane. The aged Edmund Higgs submitted the petition himself by virtue of which his son, Jeremy, succeeded him as surgeon, in 1656. Yet there was little reason for the Governors to object to a candidate who had 'been free of the Company of Chirurgeons about fowerteene yeares', had 'Assisted his father in the said imployment' and was 'well experienced therein'<sup>53</sup>. Although, neither petition by which Charles Wheeler (Bethlem Surgeon 1741-61) and Bryan Crowther (*ibid*, 1789-1815), succeeded their fathers is summarised in the minutes, it seems likely that they made similar cases<sup>54</sup>. Charles Wheeler, like Higgs before him, had not only 'served his

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<sup>51</sup> John's name was recorded at 12 Sub-Committee meetings during 1748, revealing that he had clearly returned from the continent by then, contradicting Munk's assertion that he continued on the continent as a travelling fellow until 1751. He appears quite regularly amongst those attending the proceedings of the hospital throughout 1748-52. See *BCGM & BSCM, passim*; Munk, *Roll*, 183-4.

<sup>52</sup> Significantly, no other physician to Bethlem during the period appears to have had a son qualified/old enough to have succeeded him there. As Holmes observes, 'family tradition was becoming an increasingly important factor in recruitment', not only of the medical profession, but of 'most professions', in the eighteenth century; *Augustan England: Professions, State & Society* (London, George Allen & Unwin, 1982), 217.

<sup>53</sup> See *BCGM* 10 June 1669 fol. 144 & *Gildhall MS 5265/1*, Register of Admissions to the Freedom of the Worshipful Company of Barber Surgeons 1522-1664, fols 76 & 112. Jeremy (Jeremiah) Higgs is registered free as the natural son of Edm[und] Higgs Chir[ur]geon', on 14 March 1653. Evidently, he had been qualified for 16 (rather than 14) years when appointed to Bethlem, & had assisted his father there since 1656. Edmund had, himself, been apprenticed with a Dorothy Saunders, being admitted free on 14 April 1629.

<sup>54</sup> See *ibid*, 11 Dec. 1741 & 5 Feb. 1789, fols 126 & 325.

Apprenticeship' under his father at Bridewell and Bethlem, but had 'ever since [i.e. from 1729 onwards] attended the patients in the said Hospitals', while his brother and cousin had evidently served apprenticeships there too<sup>55</sup>. While the Governors and medical officers of Bethlem failed to make any formal provision for medical students to develop their knowledge and experience of insanity on the hospital's wards, even after the example offered by William Battie and St. Luke's in the 1750s, a considerable number of young surgeons and apothecaries had, nevertheless, been broken in at the hospital. Medical officers occasionally mentioned such apprentices in their wills<sup>56</sup>. Indeed, it would be a mistake to assume that medical officers served Bethlem & Bridewell entirely alone. Their occasional representation by a 'man' or 'servant', recorded in the Governors' Minutes, is indicative of this subterranean layer of practitioners<sup>57</sup>. This is also, of course, another dimension of hospital patronage, and an indication of the means by which hospital practitioners built up their business and prosperity. As historians have often observed for both metropolitan and provincial practitioners, hospital appointees attracted the highest apprenticeship premiums, while nepotism via apprenticeship seems to have been common to many (if not most) contemporary hospitals<sup>58</sup>.

Nevertheless, despite Charles Wheeler's experience and respectable qualifications<sup>59</sup>, and

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<sup>55</sup> The Wheeler family suggests a good deal about the hospital's role in medical training & patronage, & how a contemporary medical practitioner might make full use of his hospital office. John Wheeler (Bethlem Surgeon 1714-41), son of Thomas Wheeler of Laverton, Gloucs, had been bound to Gratian Bale, from 1692-9, a surgeon & a failed candidate for the office at Bethlem in 1693. John took both his sons, Charles (Bethlem Surgeon 1741-61) & John, on as apprentices (1722-9 & 1723-9, respectively). This was just after he had seen his nephew, William (son of Thomas Wheeler, of Romford, Essex), through his term (1714-21), commenced only 2 months prior to John's appointment to Bethlem. See *Ibid*, 16 May 1734, fol. 327; *Gldhall MS 5265/1*, Register of Admissions to the Freedom of the Worshipful Company of Barber Surgeons 1665-1704, fols 43 & 146; 1707-32, fol. 188; *Gldhall MS 5266/1*, Barber Surgeons Apprenticeship Bindings 1672-1707, fol. 302; 1707-25, fols 134, 326 & 336.

<sup>56</sup> E.g., either to make post mortem arrangements for the fulfilment of unqualified apprentices' terms or to help secure a qualified apprentice's future. Christopher Talman had taken on G. Wingfield as an apprentice while attending Bridewell & Bethlem, but dying before the expiration of Wingfield's term, arranged that (with the consent of his widow, Elizabeth) he be turned over to another surgeon, Charles Bernard. See *P.C.C. Barnet*, 74, Prob. 15 April 1708.

<sup>57</sup> An authorised system of tutorage was developing at general hospitals during the early modern period, with the skilful carriers of old becoming recognised assistants and apprentices, although hospital boards were careful to impose limits on their numbers. See Parsons, Whitteridge, McInnes etc on St Barts & St. Thomas's.

<sup>58</sup> See e.g. Joan Lane, 'The role of apprenticeship in eighteenth-century medical education in England', in Bynum & Porter (eds), *William Hunter*, 57-103, esp. 71-3, 91, 96-7; Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford, OUP, 1986), 29, 31-2, 31 note 1, 41-5.

<sup>59</sup> He was also 'a liveryman of the City of London'; *BCGM*, 16 May 1734, fol. 327.

despite his preparedness to serve without a salary, when John petitioned for his son to become his official assistant, in 1734; emphasising, reasonably enough, how 'Surgery' had been 'greatly augmented in his time', especially 'by the Addition of the Incurables'; the Bethlem Board rejected his request. Charles had already attended unofficially at the hospitals, without the Governors' recognition, but presumably not without their knowledge. An important issue of precedence was at stake here, however. Medical officers had long, since the sobering experience of Crooke and his absentee predecessors, been instructed to serve 'in person' (rather than by proxy), and the Board was keen to avoid setting a precedent for sinecures, whereby medical officers might serve via an assistant and neglect their own responsibilities. Moreover, an unsalaried assistant might soon aspire to the salary and position of a joint surgeon, a luxury which the Governors were neither prepared to afford, nor to acknowledge that their charges needed. The medical department at Bridewell and Bethlem was decidedly meagre by comparison with those at other London hospitals by this time, where medical officers and their assistants generally numbered in double figures, with beves of authorised apprentices. While one should not expect the insane to require the same degree of medical attention to bodily ills as patients at a general hospital, the extent of the disparity does seem to reflect a genuinely inferior regard for the utility of medicine in treating the insane.

Despite the familial element in medical appointments, the majority of physicians, surgeons and apothecaries, elected to Bethlem, received their training outside the hospital walls, and elections still tended to be hotly contested<sup>60</sup>. There was an average of roughly five candidates for each election to the post of Surgeon, during 1643-1789, while for the Apothecary's place, the average number of applicants was nearer eight, during 1656-1772, although, as with inferior officers, numbers were considerably smaller after the mid-eighteenth century, as elections became increasingly less open<sup>61</sup>. Like inferior officers, practitioners might be prompted

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<sup>60</sup> Samuel Sambrooke (Bethlem Surgeon 1632-43) qualified as a surgeon under William Martin on 3 Dec. 1611; John Meredith (Bethlem Surgeon 1643-56) qualified under Edwin Ingolsby on 26 Jan. 1635; Christopher Talman (Bethlem Surgeon 1693-1708), son of Gus/William Talman of Westminster, gent., was apprenticed initially with Thomas Devonish on 10 March 1674 & subsequently with Thomas Barker, under whom he was admitted free on 5 June 1681; Richard Blackstone (Bethlem Surgeon 1708-14) qualified under Edward Green on 3 Dec. 1700; Henry Wentworth (Bethlem Surgeon 1761-9) qualified under William Singleton on 3 Oct. 1732. I have already commented on the apprenticeships of the Higgs, Wheelers & Crowthers, the senior members of which families were all trained outside the hospital. See *Gldhall MS 5265/1*, 1522-64, fols 53 & 87, 1665-1704, fols 34 & 158; 1694-1707, fols 43 & 56; 1707-32, fol. 206; *Gldhall MS 5266/1*, 1672-1707, fol. 19; 1725-42, fol. 4. For apothecaries, see ref. 63.

<sup>61</sup> For each election of an Apothecary, from 1751, & of a Surgeon, from 1741, there was an average of only c3 candidates. The enormous upsurge in the numbers of applicants during the decades around the turn of the seventeenth century—8 surgeons contesting the election of 1693, & 10 contesting that of 1708; 18 apothecaries contesting the election of 1689, & 21 contesting that of 1696—is a measure of the generalised unsettling of office



to contest for the inferior medical posts at hospitals by their reduced circumstances. Although enjoying a prosperous practice for some years during the early eighteenth century, William Elderton had suffered considerable loss and damage in the great Thames Street fire of January 1715, two months prior to his appointment as Apothecary to Bridewell and Bethlem<sup>62</sup>. Not a single apothecary succeeded to his post (directly, at least) by nepotistic means. Whereas most took on apprentices while serving the hospitals, only Jeremy Lester (Apothecary 1678-85) and William Dickenson (Apothecary 1689-96) had served their apprenticeships at Bridewell and Bethlem under a predecessor and succeeded to the post (largely) on that account<sup>63</sup>. However convenient such appointments were for the Bethlem Board, they were not made lightly, nor without convincing testimonials and cautious examination of the competence and suitability of the candidate. Lester had not only 'made and prepared physicke for the poore Lunatikes...for about nyne yeares...during the age and weaknes of...Mr. James', when elected to Bethlem, but was also 'well reported of by severall Governors...to have beene very diligent and carefull about the said Lunatikes'<sup>64</sup>. Dickenson had, in turn, served his apprenticeship under Lester, but did

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holding produced by the political upheavals of those years. For these elections, see *BCGM*, 21 Jan. 1643, 16 Jan. & 2 April 1656, 10 June 1669, 15 March 1678, 11 Dec. 1685, 19 April 1689 7 April 1693, 27 March 1696, 14 May 1708, 17 Dec. 1714, 25 Feb. 1715, 11 Dec. 1741, 1 Feb. & 22 May 1751, 4 Nov. 1761, 9 March 1769, 9 July 1772 & 5 Feb. 1789; fols, 12, 729, 747, 144, 15, 121, 392-3, 234-5, 35, 97, 117-8, 126, 481, 486, 392, 247 & 359-60; *LEP*, Nos 3640 & 3682, 16-19 Feb. & 21-23 May 1751.

<sup>62</sup> See Richard Steele, *The Englishman. A Political Journal* (ed.), Rae Blanchard (Oxford, Clarendon, 1955), 467, note 25; *The London Gazette*, 1-5 March 1715.

<sup>63</sup> No apothecary was succeeded by his son (see Table 4c), or seems even to have been related to any former incumbent. Ralph Yardley was made free of the Society of Apothecaries more than 13 years before his appointment to Bridewell & Bethlem, on 4 Sept. 1620, but his master's name is not recorded. I was also unable to locate any apprenticeship details for James James, although a James Jones was made free as 'Servant' to William Nock, on 12 March 1620. John Pelling, son of Thomas, a clerk of Trobriid, Wilts (himself, the son of John, also a clerk, of Bath, Somerset), was bound an apprentice under his uncle, Walter, on 29 April 1650 (Walter had served his apprenticeship with an Edward Cooke 21 Aug. 1633-41), & made free on 8 Dec. 1658; John Adams, son of William of East Harewich (?), Yorks, gent., was bound apprentice to William Pott from 1 May 1683; William Elderton, son of Edward, a yeoman of Chigwell, Essex, was bound apprentice to Charles Huxley on 2 Oct. 1694 & was made free on 1 Dec. 1702; John Winder was bound apprentice to William Blackstone (probably related to the Bethlem Surgeon, Richard Blackstone, who died in 1714), on 7 Sept 1725, & John Gozna was simply 'made Free by Redemption', by order of the Court of Assistants, 'having paid a Fine of £16 19/ and 40s to the Garden'. See (in Guildhall Lib.), Society of Apothecaries, *Freedom Admissions Registers*, 1694-1725, fol. 71; 1725-85, fols 29 & 157; *SACAM*, 1617-51, fols 15, 38, 321 & 488; 1651-80, fol. 46; 1680-94, fols 98, 313 & 424; 1694-1716, fol. 168; *Registers of Apprentice Bindings*, MS 8207, 1694-1836, fols 1, 24 & 168.

<sup>64</sup> See *Ibid*, 15 March 1678, fol. 15. Probably, Lester was already qualified when assisting James at the hospitals, for a 'Jeremy Lister', son of John of Upper Burrough, Halifax, Yorks, yeoman, was bound apprentice to Ralph Heartley from 2 Feb. 1661, & subsequently to a Mr. Rous, & was made free on 2 Feb. 1669. See *Society of Apothecaries Court of Assistants Minutes*, henceforth *SACB*, 1651-80, fols 62 & 122.

not succeed his master directly to the Bethlem office. Nor did nepotism prevail sufficiently for Lester's nephew, John, whom he had taken on as an apprentice three years after Dickenson, to succeed. John seems to have deputised for his uncle for all of twenty months, in 1684-5, when Lester was 'very sicke' and was forced (with the Court's permission) to retire to the country. Yet the Governors had not merely been blithely prepared to accept that Lester 'hath a very carefull s[er]vant capable to make and p[re]pare such phisicke in his absence as the Doctor shall p[re]scribe for the poore Lunatikes'. They had, in fact, instructed the Saturday Committee, with the assistance of an apothecary-governor (Deputy John Langham), 'to examine the said s[er]vant whether he be capable'<sup>65</sup>.

Nor was royal patronage very influential in the election of apothecaries and surgeons to the hospitals. It was only during the political tos and fros of the 1680s, which saw the establishment of the Royal Commission for Regulating the London Hospitals (1683); the purging of some of the hospitals' officers and governors; and their replacement with others deemed 'truely Loyall and conformable to the Governm[en]t', that the King succeeded in getting a nominee as Apothecary appointed to Bridewell and Bethlem<sup>66</sup>. As with Edward Tyson's appointment as Physician the year before, John Pelling was admitted Apothecary, in 1685, having been recommended by the King and been presented to the Royal Commissioners<sup>67</sup>. Four years later, however, when the hackles of city notables and hospital governors were raised more firmly against royal authority and the King attempted to get another of his candidates (Charles Watts) admitted, to succeed the deceased Pelling, the King's letter was sharply rebuffed by the Board. Not only was Watts

<sup>65</sup> William Dickenson was made free as the apprentice of Jeremy Lester on 6 Jan. 1684, less than 2 years before the latter's death, & 3 months before the unnamed 'servant' was appointed to deputise for Lester, so is unlikely to be one & the same. Dickenson's direct succession to his master's post was deferred temporarily by the appointment of the Royal Commission apothecary, John Pelling, at the end of 1685. See *BCGM*, 18 April 1684, fol. 417; Table 4c, & *SACB*, 1680-94, fols 8 & 151.

<sup>66</sup> The administration of Bridewell & Bethlem, like that of St. Barts, with large numbers of Tories & dissenters in its ranks, had suffered considerably in these years, losing its Treasurer (John Withers), cheesemonger, brewer, bricklayer, a mealman and the Bridewell Porter. While the President, the Whig magistrate, Sir William Turner, & the new Treasurer, the Whig, Daniel Baker, both forfeited their offices in the transitory Tory reversals of 1687-8 (Turner being compelled to resign after his dismissal as an Alderman by the King's letter, & Baker being removed by the Royal Commissioners), both were re-elected in 1690 (following the Whig victory). See *BCGM*, 5 Dec. 1683, 31 Jan., 15 Feb., 21 March, 18 April, 1684, 20 Nov. 1685, 14 Nov. 1688, 25 April & 28 Aug. 1690, fols 396-7, 403, 407-8, 414-5, 417, 116, 336, 41 & 74; *CLRO Misc. MSS 58.26*, 7 & 18 Dec. 1683, 22 Jan., 19 Feb., 1 March, 6 May & 1 Nov. 1684, 15 Dec. 1685, 15 June & 27 Nov. 1686, 10 Feb. 1687, 9 & 14 Feb., 5 April, 8 May & 20 Sept. 1688. For the reverberations at St. Barts & the other London hospitals, see Craig Rose, 'Politics and the London Royal Hospitals, 1683-92', in Lindsay Granshaw & Roy Porter (eds), *The Hospital in History* (London & New York, Routledge, 1989), & Rose's forthcoming PhD thesis, Selwyn College, Cambridge, 'Politics, religion & charity in Augustan London, c1680-c1720'.

<sup>67</sup> See *supra* & *BCGM*, 11 Dec. 1685, fol. 121; *CLRO Misc. MSS 58.26*, 15 Dec. 1685.

informed that, as a governor, he was debarred from holding the position of Apothecary or Physician by the standing orders of the hospitals; but the Treasurer and a number of governors were also instructed to deliver a pointed message to the Secretary of State, asking that no further letters of recommendation 'to any place in the s[ai]d hospitall' 'be sent' 'for the future', and that elections 'may be left to the Governo[rs]'<sup>68</sup>.

From 1675, medical officers had to be confirmed in their places every year at Election Day and might incur competition from another nominated candidate, the Governors evidently intending to remind their staff that they were only employed on sufferance, provided they perform their offices well. Confirmation was little more than a formality, however, no medical officer failing to be re-elected during the period<sup>69</sup>.

### Attendance and Salaries

Bethlem Physicians have commonly been censured by historians for absenteeism and a general lack of interest in hospital practice, and the conduct of Helkiah Crooke at the beginning of the period and of Thomas Monro at the period's end does much to confirm this charge. Crooke was found by the Royal Commissioners in 1632 to have only appeared at the hospital on quarter days, and only then, in order to submit his bills<sup>70</sup>. Monro confessed himself before the 1815/16 Madhouses Committee that, although he attended Bethlem 'about three times a week', he did 'not always go through the Hospital' (in some periods, not doing so even once a month); he never examined all the patients when he did attend, but only those the apothecary recommended to him; indeed, he actually emphasised how 'very seldom' he was there, in order to mitigate his responsibility for the hospital's mismanagement. One of the keepers testified that Monro's attendance was even less regular than the doctor had claimed<sup>71</sup>. Yet, while 'Bethlem physicians [certainly] saw their post...as somewhat ceremonial'<sup>72</sup>, there was little reason for them to conceive of it any differently, and there is little to distinguish their attitude and the diligence of their

<sup>68</sup> *Ibid*, 19 April 1689, fols 392-3.

<sup>69</sup> While an alternative nominee was often proposed for the Physician's place, it was normally the same, single, show candidate & the incumbent was never seriously under threat. It was extremely seldom that any other candidate put up for the posts of Surgeon or Apothecary. Only once did I notice another candidate for the Surgeon's & Apothecary's places on Election Day. For examples of this charade, see e.g. *ibid*, 12 Aug. 1675, fols 161-2.

<sup>70</sup> See Allderidge, 'Management', 163; O'Donoghue, *Bethlehem*, 167; *P.R.O., S.P. 16/237*, no. 5.

<sup>71</sup> John Blackburn alleged that Monro generally attended just twice a week (including Committee days), 'going round the Hospital' only once in 'more than a month'. *Op. cit.*, 1st Report, 1815, 92, 94-5; 2nd Report, 1816, 92-3.

<sup>72</sup> Porter, *Manacles*, 128.

attendance from that of other physicians attached to the London hospitals. Physicians were appointed to Bethlem and the other metropolitan hospitals merely in a visiting or part-time capacity. Hospital posts may have been highly sought after, but they were regarded very much as means to an end, as the road to prestige and the more lucrative rewards of private practice, and not as ends in themselves. Sir John Hawkins remarked on the good fortune of any physician appointed to a hospital, particularly the 'monopolistic...and...very lucrative branch of practice' 'of Bethlehem'<sup>73</sup>. The rewards, however, came primarily from private practice. The Bethlem Physicianship paid only a nominal salary of just twenty marks (i.e. £26 13/4) per annum, which remained unchanged for the duration of the period (see Table 4a), and which impressed upon its holders the honorary nature of their position<sup>74</sup>. Hospital physicians regarded their offices essentially as public services, and while they did not normally (like the Governors) tender their services gratis, their remuneration was set at a reduced level which made the charitable nature of their attendance quite explicit. Physic and surgery were looked upon very much as part of the charitable relief offered by the hospitals. Medical officers entered more dramatically into the spirit on occasion by agreeing to provide certain patients with such treatment entirely at their own charge. Ralph Yardley (Bethlem Apothecary 1634-56) secured the admission of Sarah Derrington to Bethlem in 1652 'p[ro]mising to give her all her phisicke freely w[i]thout any charge to the said hospitall'<sup>75</sup>. When Henry Levett filled in as physician at Bethlem in 1708 and was recompensed by the Governors with ten guineas 'for his Extraordinary paines in attending & prescribeing to the poor Lunatikes', his donation of the money 'towards buying Cloths' for the patients was thoroughly in accord with the ethos of charity informing medical attendance at contemporary hospitals<sup>76</sup>. Likewise, when the Governors elected John Monro 'joint Physician' in 1751, 'without Salary', the comment of the *London Evening Post* that this was 'an Honour sufficient, as well as Gain, to counter-balance any Salary', plainly accorded with

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<sup>73</sup> Hawkins, *Life of Dr. Samuel Johnson*, cited in H. C. Cameron, *Mr. Guy's Hospital, 1726-1948* (London, Longmans & Green, 1972), 11, note 1.

<sup>74</sup> The first mention of any salary paid a Bethlem Physician in the Court Minutes is not until the election of Thomas Nurse, on 21 July 1648, but the 'forty marks p[er] annum' he is granted is already 'the accustomed fee', and must have been received by Meverall before him. See *BCGM*, fol. 312. Although 4 years later Nurse is declared 'never yett [to have] had any fees sallary or allowance' for his attendance, this seems to refer only to his lack of any gratuity, while Nurse's successor receives exactly the same salary. See *ibid*, 2 Jan. 1652 & 3 Nov. 1669, fols 520 & 53.

<sup>75</sup> *Ibid*, 10 Nov. 1652, fol. 574.

<sup>76</sup> *BCGM*, 24 Sept. & 22 Oct. 1708, fols 440 & 446.

the attitude of the hospitals' board, and goes some way to explaining the general meagreness of salaries for hospital physicians<sup>77</sup>. The Physician's salary was supplemented by gratuities from the 1650s, yet even these were initially only occasional rewards, not becoming a permanent, annual supplement, until 1689 (see Table 4a)<sup>78</sup>. While the five-fold increase of these gratuities over the period 1652-1708 helped to keep physicians' remuneration in touch with inflation, for seven subsequent decades gratuities remained absolutely fixed. Little wonder, then, that the Monros were so preoccupied with their private practices (see *infra*).

Surgeons and apothecaries served the hospitals initially without any salary or gratuity whatsoever. They were recompensed solely via bills they periodically submitted for their attendance (excepting, that is, a brief period during 1629-37, when the Surgeon was allowed an additional, but merely token, salary of just £2 p/a; see Table 4a)<sup>79</sup>. This system of payment was cumbersome and wide open to abuse, involving manifold problems of authorisation and authentication for the Governors. Recurrently during the period, medical officers were accused and found guilty of submitting inaccurate, exorbitant and unauthorised bills for their attendance at the hospitals. The Apothecary, James James, was suspended on this account in 1672, while John Pelling and William Dickenson were also in trouble over this matter in the 1680s & 90s<sup>80</sup>. All three Surgeons during 1634-69 were apt to improvise 'cures' on the bodies of the hospitals' inmates and staff<sup>81</sup>. The Board attempted to regulate the practice and expense of physic at

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<sup>77</sup> See *LEP*, no. 3706, 18-20 July 1751.

<sup>78</sup> Compare the salary in 1682 of Dr. Edward Browne, Physician of St. Barts & son of Sir Thomas Browne, whose £52 & a noble a year (comprising £9 p/q & £15 p/a for out patients) was double the salary of Thomas Allen at the same juncture. See *The Works of Sir Thomas Browne* (London, George Bell, 1901-6), 3 vols (ed.), Simon Wilkin, vol. iii, ltr dated 3 Oct. 1682 from Edward to Sir Thomas, 480.

<sup>79</sup> John Quince had also served originally without salary but, on petitioning the Court, was ordered 40s 'for the worke he hath done heretofore...and hereafter 40s yearly for his wages'. Samuel Sambrooke was ordered the same salary on succeeding as Surgeon in 1632. The Surgeon's salary was abolished in 1637 'in regard he is payd in his bill for every thing he doeth'. In addition, briefly, from the 1650s, the Surgeon was also granted an allowance of a noble (6/8) a year to attend the annual Easter Spital, alongside the other surgeons belonging to the London Hospitals. See *BCGM*, 23 Dec. 1629, 6 July 1632, 18 Sept. 1637, 29 March 1651, 24 Oct. 1656, fols 159, 287, 139, 487 & 770.

<sup>80</sup> See esp. *ibid.*, 5 Jan., 7 Feb., 29 March & 4 April 1672, 11 Jan. 1689, 10 & 24 May 1689, 11 April 1690, fols 367-8, 371-2, 382-3, 390, 353, 398, 405 & 36.

<sup>81</sup> The posthumous surgery bill produced by an apprentice/servant of the deceased Samuel Sambrooke in 1643 was 'conceived unreasonable' by the Court & ordered to be examined by the Physician & Apothecary. John Meredith's bills were found so immoderate in 1644, after scrutiny by the other medical officers, that the Court returned them to him with a list of the names of patients' sureties to demand payment from instead, instructing him 'to make a moderate demand & bill for the rest of the cures w[h]ich the hospitall of Bethlem is to pay for'. See *BCGM*, 3 March 1643 & 5 June 1644, fols 18 & 123. For problems with Edmund Higgs's bills, see *infra*.

the hospitals by checking the Apothecary's bills against the Physician's book of prescriptions and, from the 1670s, subjecting them to a regular audit<sup>82</sup>. Medicine was thus reduced to something of an economic equation. James attempted to reclaim his place by offering to charge just 'Twelve pence a potion', and sure enough succeeded in obtaining a period of grace before he was indeed restored<sup>83</sup>. It was the expense and authorisation of physic for Bridewell and for hospital staff, rather than for Bethlem patients, however, which was the major source of controversy, no 'Method or Standing Rule' to govern the rights of officers to such attention being arrived at until 1699<sup>84</sup>. Hardly ever did the Court refuse to pay for any dosage delivered to a Bethlem patient.

The enormous expense and 'the Embezzlement of Medicines' continued to be a problem not just for Bridewell and Bethlem, but for most metropolitan hospitals during the eighteenth century, although this was less the fault of extortionate apothecaries than of the exorbitant method by which medicines were supplied to hospitals<sup>85</sup>. At the former, by the 1740s, the cost of medicine had risen in excess of £400 a year. Despite the appeal of one energetic governor, Walter Pryse, in 1739, for a method of reduction to be found and an investigation by the Bethlem Committee, another decade passed before any effective economy measure was taken<sup>86</sup>. The construction of an apothecary's shop at Bethlem in 1750-51 and the election of a resident, salaried apothecary, went a considerable way towards achieving the desired end<sup>87</sup>. Henceforth

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<sup>82</sup> See e.g. *ibid*, 19 Dec. 1645, 18 Dec. 1646, 24 Dec. 1647, 6 July 1649, 6 Dec. 1672, fols 232, 286, 328, 390 & 465.

<sup>83</sup> *Ibid*, 7 Feb. & 29 March 1672, fols 371 & 382-3

<sup>84</sup> See *BCGM*, e.g. 5 Jan. 1672, 12 July 1677, 25 Jan. 1678, 3 & 17 July 1685, 11 Jan. 1689, 30 April & 26 Nov. 1697, 17 Nov. 1699, fols 367-8, 401, 4, 88, 93, 353, 106, 150 & 326-7.

<sup>85</sup> See e.g. *ibid*, 5 Dec. 1718, fol. 369, where the Bridewell Committee reports that the Apothecary's bills for the past year had been very high, but the Physician confirmed that they were reasonable, & *LEP*, No. 3660, 4-6 April 1751.

<sup>86</sup> Pryse estimated the expense in 1739 as 'near £400 a year', while the enquiry by a specially selected Committee in 1750, calculated the 'Average' for the past 7 years as £444 3/8 p/a, comprising £372 17/ p/a for Bethlem & £71 6/8 for Bridewell. See *BCGM*, 12 April & 16 May 1750, fols 444 & 446; *BwellGCM*, 8 May 1750. See also *BwellGCM*, 13 April 1739, fol. 38, where the Apothecary's bills amount to £38 13/ for Bridewell & £318 7/ for Bethlem.

<sup>87</sup> For more on which, see *infra*. Auditors accounts surviving for the 1760s reveal that expenses on supplies of medicines from Apothecaries Hall & on 'Apothecary's Shop Disbursements' normally now amounted to less than £150; see *BAA*, 1708-9 & 1759-68.

the Apothecary was to receive £80 per annum, with coals, candles and (by 1772, at least), soap and house provisions, and while responsible for stocking the shop himself, was kept tabs on by being required 'to deliver a List to the Committee every Saturday of all Medicines necessary for the Shop'<sup>88</sup>.

It is important, of course to see such initiatives within the broader spectrum of charitable provision during the period. The Governors and officers of London hospitals had long been at pains to reduce the expense of hospital care for the poor, although medicine was conceived as just one important facet of the charity they provided. In a letter written in 1682, Edward Browne, then Physician to St. Barts, asked his father (Sir Thomas Browne), to 'thinke of some good effectual cheape medicines for the hospitall', encouraging him that 'it will be a piece of charity, which will be beneficiall to the poore, hundred of years after we are all dead and gone'<sup>89</sup>. During the eighteenth century, such efforts to make medical treatment more affordable for those in reduced circumstances gradually snowballed. The introduction of apothecaries' shops and other measures aimed at streamlining the excess baggage of hospital administration around mid-century were part of this wider phenomenon in which Bethlem clearly shared. On the other hand, this meant that good health was by no means seen as an entitlement for the poor, but was essentially a commodity at the disposal of the governing elite, while medical officers who saw their hospital duties as charity were less apt to provide a thorough attendance. Contrariwise, unsalaried apothecaries and surgeons, who viewed hospital practice as good business, were not so prepared to moderate their bills.

For surgery at Bridewell and Bethlem procedures, had, in fact, since the seventeenth century, been rather more elaborate, the Surgeon being required to await the scrutiny of the Physician and Apothecary (or other selected Governors) before performing any surgical operation, so that they might verify its necessity and agree a price with him<sup>90</sup>. The obvious implication which follows is that necessary surgery was subject to delays while (or until) medical officers and governors debated its necessity and cost. Irrespective of the offence to modern sensibilities in the notion of officers haggling over a wound, the lack of emphasis on the actual need of the patient for such treatment indicates a certain blinkering on the Governors' part in their concentration on financial expediency. The Governors freely acknowledged, nevertheless, that unauthorised

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<sup>88</sup> In fact, this latter stipulation was not mentioned until 1772, but presumably had been operating in practice since 1751. See *BCGM*, 25 June 1772, fol. 359.

<sup>89</sup> Sir Thomas Browne, *The Works* (ed.) Wilkin, vol. iii, 481.

<sup>90</sup> See e.g., *ibid*, 24 May & 5 June 1644, 28 March 1645, 23 Nov. 1649, 24 Oct. 1656 & 19 Feb. 1674, fols 118, 123, 189, 408, 769 & 616.

medical attention might occasionally be exigent, allowing a general mandate for the Surgeon (and other practitioners) 'in cases of p[re]sent necessity'<sup>91</sup>. There is little explicit evidence of patients experiencing prolonged delays in the surgery they required, 'valuac[i]on' still frequently being made retrospectively when surgery had already been performed<sup>92</sup>. A contractual arrangement for surgery was plainly, however, less efficient in meeting patients' needs than a properly salaried attendance.

A dual responsibility was recognised at Bridewell and Bethlem for the payment of surgery bills, whereby the hospitals normally paid for surgery on any wound sustained after a patient's admission, but the patient's sureties were expected to pay for all other surgery. The expense of such bills and the refusal of some sureties to tender payment, provoked the Governors in 1645 to rule that, on the admission of any patient, the sureties were to become bound to defray 'the Charges of all kinds of Surgery to bee applied to him'<sup>93</sup>. Despite this order, however, there are few instances of the Court refusing to pay for surgery on patients, either before or after its performance. (In fact, the clause continued to apply merely to 'any wound which the Patient had at the time of Admission')<sup>94</sup>. Meredith's bills for surgery at Bethlem for the six years prior to his death (Dec. 1649-March 1656), were met almost in full by the Court, as were Edmund Higgs's, despite the Governors' doubts about their authenticity, two years later<sup>95</sup>. The sureties of Mary Bland were certainly required to give security to pay the Surgeon 'for any cure or Surgery on [her]...body...done', yet the majority of surgery was still performed free of charge upon patients. Surgery is rarely mentioned as an obligation of bonds in the Governors' Minutes, nor does it often appear as an item of expenditure for parishioners in Bethlem in poor law accounts<sup>96</sup>. Occasionally, sureties found this obligation onerous and resisted its enforcement,

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<sup>91</sup> *Ibid*, 5 June 1644, 28 March 1645, 24 Oct. 1656 & 12 June 1657, fols 123, 189, 721 & 817.

<sup>92</sup> E.g. *ibid*, 23 Nov. 1649, fol. 408.

<sup>93</sup> *Ibid*, 8 Feb. 1645, fol. 176.

<sup>94</sup> See *ibid*, 22 Dec. 1749, fol. 430. See, also, *ibid*, 7 Nov. 1645, fol. 226, where a surgeon is paid 10/ for having 'lately cured Lunatiques lately hurt in the hospitall of Bethlem'.

<sup>95</sup> After their perusal by a Committee of governors on 23 Oct., the Court consented to pay £50 out of a total of £51 14/2 in bills submitted by Meredith's widow Elizabeth, revealing that the hospital spent an average of over £8 p/a on surgery for Bethlem patients during 1649-56. Edmund Higgs's bills were all paid in full, although he was 'admonished' in 1658 to submit his bills 'every quarter' in future, long-standing bills obviously being more difficult for the Governors to verify. See *ibid*, 9 July, 24 Oct. 1656 & 26 Feb. 1658, fols 760, 770-71 & 851.

<sup>96</sup> See, however, case of George Symonds, who was only allowed to continue in Bethlem during 1674 provided his parish pay 'the Surgeon's bill over & above 5/ a weeke', all medicine given him & remove him from the



opposition forcing the Governors to re-consider its equity in 1749-50. On an enquiry by the Grand Committee and an interview with the Surgeon, the clause was upheld, however, and seldom (if ever) did it delay a necessary operation (sureties being billed retrospectively), although it must have prevented some obligors keeping patients in Bethlem as long as they would have liked<sup>97</sup>. It was only in 1761 (not insignificantly, nine years after the opening of St. Luke's, where *all* surgery was administered gratis), that the Governors finally abolished this clause and compensated the Surgeon with an extra £10 on top of his salary<sup>98</sup>.

It was not until the move to Moorfields that the Surgeon was allowed a salary 'for all surgery worke to be done in and about the poore Lunatikes' and that the problems created by surgery bills were largely solved. For fifteen years, from 1679, he was to receive '£4 every quarter...over and above the charge of letting them blood and makeing issues' (for which he received a per capita allowance of 12d) and exclusive of all surgery on the hospital's servants<sup>99</sup>. Two further raises and a gratuity of £20 p/a, allowed the Surgeon over the next twenty-four years, brought his wages to a level five times their former rate, a clear incentive to a more conscientious attendance the increment of 1710 more than making up for his forfeit of all bleeding bills (see Table 4a). The Governors' failure to raise his salary for nearly sixty years after 1718, and a raise of only ten guineas in 1775, however, may have had the opposite effect<sup>100</sup>.

It is by no means clear, in the seventeenth century, how often the medical staff at Bethlem were supposed to attend the hospital. Indeed, at no stage prior to the mid-eighteenth century do the Bethlem Governors appear to have stipulated the frequency of medical attendance as a standing order of the hospital. Crooke had merely been required to serve in person (rather than via the proxy of an apprentice/servant), indicative itself of the proneness of Crooke's

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hospital by 20 April, and who was retained on the same basis a month later; & similar cases of Alice Pye, Elizabeth Edwards & Thomas Seabrooke; *ibid*, 6 May 1643, 14 July 1671, 18 March & 20 May 1674, fols 608, 319, 626 & 645; *BSCM*, 3 & 17 March 1716, fols 211 & 213.

<sup>97</sup> E.g. cases of Elizabeth Edwards & Margaret Davy, whose sureties refuse (vainly) to pay the Surgeon for their 'Cure'. The hefty nature of surgeons' fees (£5 being demanded from Davy's sureties) does much to explain this reluctance. See *ibid*, 22 Dec. 1749 & 2 Feb. 1750, fols 430 & 434, & *BSCM*, 3 March 1716, fol. 212, & *BGCM*, 31 Jan. 1750, in *BSCM*, fol. 160.

<sup>98</sup> *BSCM*, 28 Oct. 1761, fol. 387.

<sup>99</sup> *Ibid*, 10 July 1679 & 19 Dec. 1694, fols 98 & 415. Parish records make it clear that 1/ was the standard rate practitioners charged for bleeding in this period.

<sup>100</sup> For the Surgeon's salary post 1694, see *ibid*, 4 & 18 Feb. 1715, 10 Jan. & 14 Feb. 1718, 22 June 1775, 5 Feb. 1789, fols 106, 115, 319, 324 & 471-81; *BSB*, 1777-1815- *BwellGCM*, 1738-47, *passim*.

predecessors to absenteeism. With the introduction of certification to Bethlem in the 1650s and 60s (see chap. 6, *infra*), its physicians were obliged by order of court to preside over every patient's admission to, and discharge from, the hospital. It was not, however, until the hospital's re-siting at Moorfields that viewing applicants for admission became a weekly duty of the Physician and Bethlem Sub-Committee, which, by the eighteenth century, convened for two hours every Saturday morning<sup>101</sup>. Yet Sub-Committee Minutes commencing from September 1709 reveal that both Richard Hale and James Monro attended virtually every meeting. By the 1730s at least, the physician was also visiting the hospital on Mondays and Wednesdays, on which days he was furnished with 'an Account of the...Patients' by the Porter, Nurse and (presumably) the Matron<sup>102</sup>. The same rate of attendance appears to have been sustained by one or other of the Monros for much of the remainder of the period<sup>103</sup>. Bowen's claim in 1783 that 'the physician visits the hospital three days a week', including every meeting of the Saturday admitting Committee, was, in fact, no over-estimate<sup>104</sup>. What historians have also failed to appreciate, is that, from the mid-eighteenth century, the bulk of the responsibility for medical attention at the hospitals had been conferred on the Apothecary. Henceforth, the Apothecary

<sup>101</sup> Originally, the 20 strong Bethlem Committee was only 'to meete once a fortnight or often[er] as to them [its members] shall seem meete' at new Bethlem and was merely to be responsible in a general way for the supervision of affairs at the hospital, being a development from the building committee or 'committee for reparations', which had all too occasionally inspected the management of old Bethlem. It was a rotational committee, half of whose members were replaced every year on election day, and 4 of whom were responsible, in monthly rotation, for examining the provisions and the general observance of the house rules. Soon afterwards, 4 more members were added to its ranks. By 1685, the Committee was meeting on Saturdays and by the eighteenth century was meeting *every* Saturday, being referred to as either the 'Weekly' or the 'Monthly' Committee. In 1709, the Committee (consisting now of 42 governors) was asked to meet at Bethlem 'once besides Saturday every week...to inspect the provisions', and by September, 7 governors were serving on a two monthly rotation, although as few as 1 and as many as 9 might be present at any one sitting. See esp. *BCGM*, 16 Feb., 30 March 1677, 3 July 1685, 6 Nov. 1702, 25 Feb. 1709, & *BSCM*, *passim*, fols 336-7, 356, 361, 89, 119 & 465.

<sup>102</sup> Unlike the Porter & Nurse, the Matron did not include this duty in the list of those she 'apprehended' to belong to her office (indeed, she only mentioned 2 duties). One assumes, however, that the doctor received accounts of ordinary women patients, as well as of male patients & of those sick patients under the Nurse's care. See *BCGM*, 6 May 1736, fol. 391.

<sup>103</sup> On first analysis, John and Thomas Monro may seem to have attended the meetings of the Bethlem committees much less often. In the six years 1769-75, for example, John's presence is recorded in both the Bethlem Sub and Grand Committee Minutes only 74 times, suggesting that he attended such meetings little more than once a month. Yet the minutes of actual admissions were separated at the back of Sub-Committee books after about mid-century. Even a cursory examination of these minutes demonstrates that one of the Monros continued to preside over almost every admission to Bethlem, although admissions did not occur every week. The Monros' presence only seems to have been recorded in the ordinary Committee minutes when they were attending in their capacity as governors, serving their rotation.

<sup>104</sup> *Historical Account*, 9 & 11.

was required to be resident and to 'Attend at Bethlem Hospital [either in person, or by the proxy of a 'Servant...Approved of by the Trea[sure]r or Monthly Committee'] once every day in the Week except Sunday and oftner if need be'<sup>105</sup>. In attending Bethlem on Mondays and Wednesdays, but rarely on Committee days, Thomas Monro had in fact been doing no more nor less than had been required of him by the hospital board, yet less than had been required of his predecessor<sup>106</sup>. It took a public enquiry to expose the inadequacies of that requirement, and to compel the hospitals' governors to replace Monro with the dual physicianship which had often been floated as an idea, at eighteenth century Bethlem, but had never carried the majority of the Governors' support. Indeed, the Board was more concerned to extend the scope of the charity by making it more affordable, reducing the expenses of physic and surgery, and adding more cells, than to bolster medical attention per se.

As early as 1728, on the death of Richard Hale (according to *The London Evening Post*), the Governors had proposed, owing to 'the Increase' of their patients, to appoint 'two Physicians' instead, 'the one for Men, and the other for Women', and Sir Richard Manningham was to 'stand Candidate for the latter' (a suggestion no doubt encouraged by Manningham's gynaecological experience)<sup>107</sup>. While the innovative nature of this proposal deserves recognition, and its implementation would have much improved medical attendance at Bethlem, regrettably, however, no formal motion was ever recorded supporting it in the Court Minutes and the report may have been no more than rumour. Despite the continued rise in the numbers of patients and prisoners, a single physician continued to preside over both hospitals for virtually the duration of the period. It was only for brief interludes and due to the frailty of the acting physician, that the hospitals were afforded the assistance of an extra physician, and even then, it was simply the junior physician of the Monro family who was permitted to aid or deputise for his father. When John Monro was appointed assistant physician in 1751, to support the ailing James, there was a lobby 'for a Trinity of Physicians'; and on James's death, in 1752, for 'a joint Physitian'; from some quarters more appreciative of the multiplying demands of the office. Both motions failed,

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<sup>105</sup> See *BCGM*, 16 May 1750, 1 Feb., 4 April & 22 May 1751, fols 446, 493 & 6, & *infra*.

<sup>106</sup> Monro was, technically, quite correct when stating in his own defence against the evidence of the Madhouses Committee that it was the Apothecary's job to go round all the patients frequently and that he fulfilled his responsibility inspecting new and selected patients in a private examining room for several hours, on Mondays and Wednesdays. See *Observations of the Physician of Bethlem Hospital upon the Evidence taken before the Committee of the Hon. House of Commons For Regulating Mad-Houses*, London (London, H. Bryer, 1816). The latter was printed by Bryer at Bridewell Hospital, for vindictory purposes, at Monro's request & with the Governors' approval.

<sup>107</sup> *LEP*, No. 130, 5-8 Oct. 1728.

however, and the assessment of *The London Evening Post* in 1751, that the assistance of a single 'Coadjutor' would suffice to fulfil the responsibilities of the physicianship in a 'very agreeable' way, evidently reflected the majority opinion on the hospital Board<sup>108</sup>. Yet, while the Governors of Bridewell and Bethlem continued throughout the period to accept that the insane required no more than the minimum medical attention, even those hospitals founded after mid-century which, in some important respects, challenged orthodox practices at the former, generally adhered to the same barely adequate provision of salaried medical staff; a single (acting) physician, surgeon and apothecary<sup>109</sup>.

It might be presumed that the Apothecary would normally attend Bethlem in tandem with the Physician, being required to concoct and serve (though not to apply) the medicines which the Physician prescribed. In general medical practice, however, apothecaries frequently attended patients autonomously, while dosing appears to have been so routine at Bethlem that consultation with the Physician was by no means a necessity. Indeed, it is unclear exactly when or how often the Bethlem Apothecary was required to attend. The sheer size of his bills suggest that his attendance was more regular than the other officers, while obviously, the need for medicine was deemed much more constant than that for surgery. It was not until 1750, however, nine years after the Apothecary, William Elderton, had failed to answer a summons to attend a Bridewell apprentice, that the Governors enquired for the first time into 'the Attendance given by the present Apothecary'<sup>110</sup>. As even the hospitals' staunchest advocate, the *London Evening Post* admitted in 1751, the Apothecary's duties 'to prepare the Medicines...[and] to attend the Patients in both [hospitals]' had 'for many Years past...been much neglected'. Elderton's subsequent replacement by a resident apothecary, required to attend Bethlem at least once a day, six days a week, was a clear enough acknowledgment (however belated) of the inadequacy of former attendance and a considerable improvement<sup>111</sup>. However obstinate and blimpish

<sup>108</sup> It would be more than intriguing to know if Battie supported these motions, as his subsequent comments about the monopoly of Bethlem Physicians may suggest. He was only present at the second vote, however, & all ballots were conducted in secret. The 2nd motion was defeated by a resounding 70 votes to 27, a larger majority than had voted for a joint physician in 1751. See *BGCM*, 21 June 1751 & 24 Nov. 1752, fols 9 & 91, & *LEP*, Nos 3694, 3706 & 3708, 20-22 June, 18-20 & 23-5 July 1751.

<sup>109</sup> St. Luke's did, however, attempt to introduce the improvement of having a monthly rotation of 6 apothecaries, although they only attended one at a time of course & the practice was not to endure long. See French, *St. Luke's*, 191.

<sup>110</sup> For this discussion, see *ibid*, 11 Dec. 1741, 12 April, 16 May 1 Nov. & 19 Dec. 1750, 1 Feb., 4 April & 22 May 1751, 25 May 1753, fols 125, 444, 446-7, 467, 476, 480-1, 493, 6 & 114; *BGCM*, 5 Dec. 1750, in *BSCM*, fol. 211; *BwellGCM*, 8 May 1750; *LEP*, Nos 3596, 3614, 3633, 3639, 3643, 3650, 3658, 3660, 3682, 6-8 Nov. & 18-20 Dec. 1750, 31 Jan.-2 Feb., 14-16 & 23-26 Feb., 12-14 March, 30 March-2 April, 4-6 April & 21-23 May, 1751.

<sup>111</sup> By 1772, the Governors were being even more demanding & explicit, instructing their new apothecary, John

was the reaction of the hospital administration to the challenge of St. Luke's, its adoption of a resident apothecary and apothecary's shop (as, also, of contracting for provisions) on the model originated at St. Barts and being instituted by other hospitals facing similar difficulties, indicates that it was not unresponsive to all outside initiatives<sup>112</sup>. While the demand for residency, as well as the new requirement that the Apothecary be single, were allowed to lapse, during John Haslam's tenure; Haslam residing at his house in Islington by 1815 and his wife substituting temporarily as Matron in 1799; there is no doubt that he attended Bethlem regularly and energetically<sup>113</sup>. Medical staff were considerably reliant, of course, on the information of the hospital's servants as to the condition, behaviour and needs of patients<sup>114</sup>.

Very little specific was required with regard to the Surgeon's attendance at the united hospitals. He was merely instructed at the beginning of the period 'to cure all the hurts and to attend this house [Bridewell] and Bethlem', and to 'p[er]forme the businesses and cures in his owne p[er]son', the Governors not seeing any need to specify what exactly should be the nature, frequency or duration, of his attendance<sup>115</sup>. In contradiction of this latter stipulation (like the Physicians), some, if not most, Surgeons to Bridewell and Bethlem, performed their duties partially through their assistants. Whereas, for example, it was only after Sambrooke's death that there is any record of his 'man' tending to his business at the hospitals, the Governors felt it necessary, on settling Meredith's posthumous account, to rule that nothing more was to be paid for surgery conducted by Meredith '*or any other for or under him [my italics]*'<sup>116</sup>. As

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Gozna, to attend Bethlem daily, 'every Morning regularly or Oftner if necessary'. See *BCGM*, 16 May 1750 & 1 Feb. 1751, fols 446, 480 & 359.

<sup>112</sup> Unlike the St. Barts Governors, however, the Bethlem Board was prepared to allow their Apothecary to attend via 'his Servant', although I have no evidence that future incumbents availed themselves of this opportunity. Ultimately, however, the Board seems to have capitulated and merely permitted Winder to keep 'a Labourer', rather than a full-fledged 'Representative or Assistant' as the *LEP* advised. By 1772, certainly, the Apothecary was merely permitted 'to keep One Female Servant'. Not, however, until 1772, did Bethlem follow Barts (or the *LEP*'s advice) in ruling that the Apothecary must be single, 'without Incumbrance of Family', Robert Cooke withdrawing from the election of that year accordingly. See *ibid*, 25 June 1772, fol. 359; *LEP*, Nos 3633, 3640, 3658 & 3660, 31 Jan.-2 Feb., 16-19 Feb., 12-14 March & 4-6 April 1751. For problems with the expense of the apothecary's shop at Guy's, see e.g. *GCCM*, 16 June 1743, fol. 226.

<sup>113</sup> *BCGM*, 30 Jan. 1799; *Madhouses Committee Reports*, 1st Report, 1815, 61.

<sup>114</sup> See e.g. Bowen, *Historical Account*, 11.

<sup>115</sup> *BCGM*, 23 Dec. 1629 & 6 July 1632, fols 159 & 287.

<sup>116</sup> See *ibid*, 3 March 1643 & 12 Nov. 1656, fols 18 & 773.

with the Apothecary, the size of his bills suggest that the Surgeon attended quite regularly. The need for surgery at both hospitals had increased to such a degree by the early eighteenth century, that John Wheeler claimed to have 'given constant daily attendance at one or other of ye hospitals' and Wheeler's claim was backed up by the Physician, Richard Hale<sup>117</sup>.

Despite, or rather because of, the rather unregulated system of medical attendance at Bethlem, when medical officers were absent or unavailable, their service was sometimes fulfilled by the hire of other, non-elected practitioners, living nearby the hospitals (particularly for Bridewell, which medical officers visited much more rarely)<sup>118</sup>. When banning visitors to Bethlem on holidays, the Governors were careful to make allowances for staff to summon 'Assistance' 'in case of some p[re]sent necessity concerning life or sudden danger'<sup>119</sup>. The lack of medical attention for patients at Bethlem and just how open the hospital's environment was, is indicated by the apothecary, Cromwell Mortimer's, account of how, visiting a patient there in 1742 at the request of a relative, he was freely at liberty to try out his evacuant pills on the patient<sup>120</sup>.

Absenteeism had certainly been a problem for the Governors with their medical officers and the Bethlem Board was at times rather lax in ensuring that the medical attendance already existing at the hospitals was sustained. On the death or during the sickness of medical staff, the Governors were only intermittently careful to arrange for a prompt and suitable replacement, whether permanent or temporary, rarely acknowledging, as they did in 1696, 'the necessity of Chooseing another person to succeed...with all convenient speed'<sup>121</sup>. In 1761, during the vacancy of the Surgeon's place at Bridewell and Bethlem, the Apothecary, John Winder, was instructed to 'Apply to the Surgeons of Saint Bartholomew's requesting their Assistance', but, merely, 'if any Accidents shou'd happen to any of the Patients'<sup>122</sup>. The Surgeon, Jeremy Higgs, and the Apothecary, James James, were dealt with very firmly, in 1672, when they were found to have

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<sup>117</sup> *Ibid*, 10 Jan. & 14 Feb. 1718, fols 319 & 324.

<sup>118</sup> See e.g. *ibid*, 10 Feb., 7 July, 4 Aug. & 20 Oct. 1643, 24 Oct. 1656, 3 June 1685, fols 15, 31, 56, 72, 771, 76; re. outside surgeons and others treating & taking care of sick Bridewell apprentices. For Bethlem, see e.g. *ibid*, 7 Nov. 1645, fol. 226. Significantly, instances are mostly restricted to the seventeenth century, medical practice being more tightly regulated as the period progressed.

<sup>119</sup> *BCGM*, 12 June 1657, fol. 817.

<sup>120</sup> See Mortimer, *An Address to the Publiick*, 28, cited in Porter, *Mind-Forg'd Manacles*, 184-5.

<sup>121</sup> See e.g. *ibid*, 20 March 1696, 25 Feb. 1715, fols 32, 117; *BSCM*, 11 July 1795; *BGCM*, 22 Sept. 1795, fol. 51.

<sup>122</sup> *BSCM*, 26 Sept. 1761.

gone AWOL and to have employed servants to attend in their places, without authorisation from the Court. Both were suspended and petitions for replacements were actually received, before they were restored, on promising to amend their ways<sup>123</sup>. James had been suspended, in addition, for submitting exorbitant & unauthorised bills. His duties were assumed temporarily by Dr. Allen. James won the Governors' sympathy not so much for his diligence or skill as an apothecary, however, but 'for that hee is an aged man and hath beene very diligent and active in other affaires for the said hospitalls'<sup>124</sup>.

Medical attendance was not so much more demanding at other hospitals than at Bethlem as historians might expect. At St. Luke's, for example, the Apothecary was required to attend thrice a week, the Physician only twice a week, and the surgeon just once a week (including 'every weekly Committee day'), and 'otherwise' (as at Bethlem) 'as there shall be occasion'<sup>125</sup>. The difference is, however, that the Bethlem Board failed to specify with much precision what their officers attendance should be. Furthermore, while the Monros attendance seems to have declined after mid-century, with the introduction of a resident apothecary, even a cursory glance at the minutes of the St. Luke's Committee Minutes reveals that in the high flush of enthusiasm of the early years, Battie's attendance was more energetic than that of his rivals<sup>126</sup>.

The inadequacies of medical provision at Bethlem were aggravated beyond those at other independent hospitals by its union with Bridewell<sup>127</sup>. Medical officers plainly devoted a good deal more of their attention to the inmates of Bethlem, being required to be summoned to Bridewell rather than to attend its inmates on any regular days. Thomas Allen was actually referred to at one point as 'the Physician for the Lunatikes'<sup>128</sup>. Yet the needs of the prisoners,

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<sup>123</sup> See *BCGM*, 5 Jan, 7 Feb., 29 March & 4 April, 1672, fols 367-8, 371-2, 382-3 & 390.

<sup>124</sup> James had been a Deputy (i.e. a Common Councillor) when first appointed apothecary, was an auditor of the Treasurer's accounts in 1657-8 & had been an energetic governor during the 1650s (see *ibid*, e.g. 24 Oct. 1656, 27 March & 6 Aug. 1657., fols 770, 802 & 824. Also, no doubt, the Governors were not keen to allow his replacement by the King's candidate, Butler. Despite his promise to the Court, Higgs was 'intimated' just a week later, to be intending to go AWOL 'into the Countrey for about sixe weekes' & 'to putt another Chirurgeon in his place for that tyme'. Higgs evidently seems to have thought better of it, however, for the Governors' threat to replace him without further explanation if he did so, did not need to be enforced. Higgs remained to become the 3rd longest serving surgeon of those appointed to the hospitals during the period.

<sup>125</sup> See French, *St. Luke's*, 14 & 191.

<sup>126</sup> See *SLGCM* & *SLHCM*, *passim*.

<sup>127</sup> St. Luke's had, of course, rejected the idea that the hospital ought to be annexed to another existing institution.

<sup>128</sup> *BCGM*, 13 Aug. 1672, fol. 433.

apprentices and staff of Bridewell, were undoubtedly a distraction, to the Surgeon especially<sup>129</sup>. By the early eighteenth century, the business of the Surgeon had increased to such a level that the Board was obliged to allow him a separate salary for Bridewell<sup>130</sup>. Increasingly it was Bridewell rather than Bethlem which demanded the Surgeon's 'frequent attendance'<sup>131</sup>.

Medical officers were often appointed as governors at Bridewell and Bethlem, which had the advantage of encouraging a deeper involvement in the hospitals' affairs than might otherwise have been the case, many indeed proving very energetic in this capacity<sup>132</sup>. On the other hand, the financial interest of officers in the hospital, particularly of the Apothecary and Surgeon who submitted bills, posed obvious problems for the Governors in bringing them fully to account.

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<sup>129</sup> Throughout the period medical officers had been required 'to give necessary Attendance' on the officers of both hospitals and on the apprentices and prisoners of Bridewell, but had recurrently attended them much more than the Governors would have liked. For the period 1649-56, e.g., the Surgeon, Meredith's, bills for Bridewell totalled only about £10 less than those for Bethlem. With the Governors increasingly concerned about the problem of contagion at the hospitals, from 1686 the Physician & Surgeon were required to examine every boy recommended as an apprentice to ensure that they were 'healthful' & free from diseases. The Apothecary, on the other hand, by the 1740s, was making 5 times as much for his business at Bethlem as at Bridewell. For surgery at Bridewell, see e.g. *BCGM*, 2 Sept. 1631, 15 Feb. 1633, 10 Feb. 1643, 27 March 1651, 24 Oct. 1656, 21 Feb. & 21 Oct. 1657, 18 March 1658, 24 Sept. 1662, 12 Sept. 1684, 26 Jan. 1686, 7 July 1693, 19 Dec. 1707, 20 Feb. 1708, 7 July 1709, fols 238, 315, 18, 490, 770-1, 791-2, 830, 857, 15, 5, 138, 253, 393, 398, 486. For the Apothecary's service at Bridewell, see e.g. *ibid*, 5 Dec. 1718, 16 May 1750, 1 Feb. 1751, fols 369, 446 & 480. For the Physician's attendance there, see e.g. *ibid*, 21 Feb. 1657, 5 Dec. 1718, fols 791-2, 369. At Guy's hospital, however, where the lunatic ward was much neglected by medical officers who saw their duty as primarily to the patients of the general hospital, attendance appears to have been even sparer, although neglect was mitigated by the small numbers (c20) of the insane housed there. Although, Guy's medical officers were supposed to attend the Committee (along with the Steward & Matron) to inspect 'the severall wards and Lunatic House', 'once in every four days', with the major purpose merely of removing the appropriate patients, this rule was clearly allowed to lapse as far as the insane were concerned after its introduction in 1730. At Guy's, as at all general hospitals, 'the visits of Physicians...were neither long nor frequent'; 'a surgical operation was a rare and spectacular happening' & patients were largely 'left to look after themselves'. See e.g. Cameron, *Mr. Guy's Hospital*, 45 & 78-9; Andrews, 'Incurably insane'.

<sup>130</sup> The £60 salary allowed the Surgeon from 1710 comprised £30 for each hospital, although an earlier request appears to have been refused. Higgs's 1690 petition for a Bridewell surgery allowance was referred to the Bridewell Committee & in 1691 the Clerk was ordered to give an account of orders made concerning the Surgeon, but the £20 granted the Surgeon in 1694 evidently did not include a separate amount for Bridewell. See *ibid*, 23 May 1690, 13 Feb. 1691, 4 & 18 Feb. 1715 & 10 Jan. 1718, fols 48, 102, 106, 115 & 319, & Table 4a.

<sup>131</sup> *ibid*, 18 Feb. 1715, fol. 115.

<sup>132</sup> Amongst the Apothecaries, both Ralph Yardley & James James were active governors, regularly attending Court meetings. Yardley served on a number of Committees & as a surveyor of the provisions of Bethlem in the 1630s & 40s, & James served as an auditor of the Treasurer's accounts & in numerous other affairs, especially in the 1650s. See e.g. *BCGM*, 13 Dec. 1638, 1 April 1639, 28 July 1641, 3 Dec. 1641, 5 June 1644, 24 Oct. 1656, 27 March & 6 Aug. 1657, fols 216, 236, 343, 359 & 125, & ref. 124.



When, in 1678, the hospital's auditors recognised 'some inconveniencies' in this respect, the Court barred any future medical officer from election as a governor<sup>133</sup>. Soon after its enactment, however, this ruling became virtually a dead letter, and medical officers continued to provide a valuable service to the hospitals as governors (while reaping their own advantages in influence and patronage) for much of the eighteenth century.

The vast majority of the time of medical officers was spent outside rather than inside the hospitals. Even in situations of exigency, ancillary staff occasionally had trouble obtaining medical assistance for the inmates of both hospitals<sup>134</sup>. Attendance at the hospitals, while in one sense a charitable duty and in another sense a means of obtaining clients, was also a regrettable diversion from the more profitable private practice of medical officers. The influx of 'diseased' Newgate convicts, vagrants and soldiers into Bridewell had in particular occasioned much extra 'business & Loss of time' for the Surgeons, who resented the additional 'expense' and the loss of much of their private practice, although the Governors 'refused', after 1715, 'to receive any more Convicts'<sup>135</sup>. For *most* practitioners, of course, enjoyment of a hospital office was secondary to, while helping to drum up, a considerable private practice. Indeed, hospital appointments were attractive for the very reason that they 'could be easily combined with private practice'<sup>136</sup>. Benefitting, however, from Bethlem's virtual monopoly in the institutional care and treatment of the insane, from a flourishing 'trade in lunacy' and from their own enterprise; which endowed them with an authority as specialists almost unrivalled in the contemporary medical world; the Physicians of Bethlem were particularly preoccupied with the demands and commitments of private practice. They were not simply sought after for house calls on the vapourish and crazy relatives of the elite, or to attend the multiplying private madhouses within and about the capital, but were proprietors of madhouses themselves. Helkiah Crooke ministered to private patients in his own home. Othewell Meverall attended clients like Evelyn's mother, 'who died of a malignant feavor' proceeding 'from griefe' upon the loss of a number of children<sup>137</sup>. Thomas

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<sup>133</sup> Significantly, since the 1670s, it was the Auditors who had assumed the task of perusing the Apothecary's bills; see *Ibid.*, e.g. 6 Dec. 1672, 15 Feb. 1678, 19 April 1689, fols 7, 15, 392.

<sup>134</sup> In 1741, e.g., when the Apothecary, William Elderton, was complained of for failing to answer a summons to a sick prisoner at Bridewell. He excused himself 'by reason of his Servants being sick'. See *BCGM*, 11 Dec. 1741, fol. 125.

<sup>135</sup> See e.g. *ibid.*, 4 & 18 Feb. 1715, fols 106, 115.

<sup>136</sup> Holmes, *Augustan England*, 226. See, also, Bynum, 'Physicians, hospitals & career structures', in Bynum & Porter (eds), *William Hunter*.

<sup>137</sup> See Evelyn, *Diary*, ii, 13-14.

Nurse had a 'great practice in the city of Westminster [where he was buried], especially after the Restoration', during his last seven years as Bethlem Physician<sup>138</sup>. Thomas Allen presided at Finsbury Madhouse, where James Carkesse was first confined, and seems to have exploited his position at Bethlem, by milking off the wealthier patients and those unable to be received at Bethlem, for his own house (located at close proximity to the hospital), or transferring them to Bethlem when, like Carkesse, they proved stubborn (or ran out of money). Indeed, Carkesse reviled the physician's motives as avaricious, declaring 'both *Bedlams* does haunt, like the *Louse*'<sup>139</sup> Edward Tyson and Richard Hale both amassed wealthy practices outside Bethlem, attending and prescribing for the better sort both in confinement and at large. They gained reputations as expert mad-doctors, carefully selected as such by the relatives of the insane, and tended to be deferred to by other general physicians<sup>140</sup>. The Monros, especially, as proprietors of madhouses in Hackney and Clerkenwell, and visiting physicians to many others (e.g. Bethnal Green and Chelsea), established a renown and a business in the treatment of insanity unprecedented in previous times. While former Bethlem Physicians visited patients both as general practitioners and as mad-doctors, seeing themselves very much as all-rounders and specialising in anatomy<sup>141</sup>, the Monros were rarely in attendance on the 'physically-ill', becoming perhaps the first true specialists in the treatment of insanity. A surviving casebook detailing John Monro's attendance on patients at Brooke House, Hackney, during just one year (1766), mentions one hundred cases<sup>142</sup>. The Monros did not conduct their business without assistance, of course, yet the fees they charged were, as a result, far from modest, and could arouse considerable

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<sup>138</sup> See *Fasti* (ed.), Bliss, ii, 4; Munk, *Roll*, i, 230; Foster, *Alumni Oxoniensis*.

<sup>139</sup> *BCGM*, 6 Feb. 1680, fol. 128; *Lucida Intervals*, 9. Allen accepted parochial cases, as well as private patients, at Finsbury, although charging them, at 8/ p/w, double the going rate at Bethlem. He plainly benefitted from the lack of space at Bethlem & the proximity of Finsbury to it, the madhouse overlooking the artillery ground & within easy reach of the hospital. See case of Thomas Stevenson of St. Bride, admitted to Allen's madhouse in 1671; *Ghall MS 6552/1*, 29 Oct. 1671-15 April 1672; maps in Figs 2f & 2g, & Hunter & Macalpine, *300 Years of Psychiatry*, 199, 214-5.

<sup>140</sup> See Andrews, 'A respectable mad-doctor'; Defoe, *A Review of the State of the English Nation*, Nos 69, 82 & 89, 8 June, & 9 & 25 July, 1706, 277-80, 327 & 353-6.

<sup>141</sup> Thomas Nurse, e.g., was relied upon by Brian Duppa, Bishop of Winchester, as his physician in all ailments (as well as being his 'very kind friend'), & attended the Bishop when sick of 'scorbutis' in 1658. See *Correspondence of* (ed.) Gyles Isham, 156. See, also, Andrews, 'A respectable mad-doctor'.

<sup>142</sup> The original MS of Monro's casebook was recently purloined from Dr. F. J. G. Jefferiss, himself a distant relative of the family. Xeroxes are currently in the possession of Dr. Jefferiss, myself, Roy Porter & BRHA.

resentment when their attendance was unsuccessful. Joseph Girdler, Seargeant-at-law of the Inner Temple, complained to Lord Fermanagh, in 1733, of his father's estate being 'ready to be Devour'd by the mad Doctors' for Mony. Dr. [James] Monroe alone demanding for himself and assistants about £130 though we think not a Qu[arte]r could be due or deserved'<sup>143</sup>. If some found the Monros exorbitant, however, they were by no means exceptional in this regard, and allegations of avarice from patients and relatives seem misplaced when high fees were very much the norm for the leading practitioners of London. William Battie demanded outstanding fees of £749 18/ from the estate of one of his private patients<sup>144</sup>. According to Cruden, both John and James Monro were preoccupied with their pockets, while John received half a guinea a visit and made twenty guineas per annum from his attendance at Duffield's two madhouses<sup>145</sup>. Yet similar charges were levelled at all kinds of practitioners, and a guinea seems to have been nearer the average charged for any private attendance by the most prominent members of the medical elite<sup>146</sup>.

Only in Allen's case did the Governors take issue with the infringement of the Physician's private practice on his public practice. Being 'informed', in 1680, 'that Dr. Allen hath severall Lunatike persons under his Care that are not sent to the hospitall of Bethlem for their Cure', the Board demanded periodic, written accounts of the names, settlements and current lodgings, of all these, and future, patients<sup>147</sup>. If such accounts were given, however, they were not recorded in the Minutes, and the Governors made no further objection to this matter throughout the remainder of the period.

The private practices of Bridewell and Bethlem Surgeons and Apothecaries are rather more difficult to access, and must await further research, although some plainly did a lively trade outside the hospitals. John Meredith, for example, was regularly employed by the parish of St.

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<sup>143</sup> Verney *Letters of the Eighteenth Century from the MSS at Claydon House* (ed.) Margaret Marie Verney, 2 vols (London, Ernest Benn, 1930), ii, 202. Others amongst James Monro's wealthy private clients, were:- Lord Galloway & John Newport, son of the 3rd Earl of Bradford. See *HMC Report on MSS*, vol. viii (London, 1913), 'The MSS of the Honorable Frederick Lindley Wood', 174; Walpole, *Correspondence*, vol. 9, 148n; *GM* (1742), vol. xii, 602-3. John Monro's clientele included Lady Dorothy Child, Sir Charles Hanbury Williams; Walpole, *Correspondence*, vol. 37, 309n & vol. 33, 78n.

<sup>144</sup> See Hunter & Macalpine, *Psychiatry*, 403.

<sup>145</sup> *Adventures*, i, 22; ii, 21-2.

<sup>146</sup> See Andrews, 'A respectable mad-doctor'.

<sup>147</sup> *BCGM*, 6 Feb. 1680, fol. 128.

Bride, where he was resident, in surgery upon the sick poor, during the 1640s and 50s<sup>148</sup>. From 1751, the Apothecary was not simply required to be resident by the Governors, but was to 'give Security to do no other business as an Apothecary'<sup>149</sup>.

The wills and bequests left by the medical officers of Bridewell and Bethlem are a testimony of the scope and prosperity of their trade in lunacy and of the enterprise of hospital practitioners in general<sup>150</sup>. Othewell Meverall was wealthy enough to leave his only unprovided for daughter, Catherine, £666 13/4 (having presumably given his other four children their portions already)<sup>151</sup>. Thomas Nurse's will and codicil details pecuniary bequests of over £2000, besides land in Odeby, Leicestershire<sup>152</sup>. Edward Tyson was reported to have died 'worth about thirty Thousand pounds'<sup>153</sup>, and indeed, amongst his enormously wealthy assets, his meticulous will lists stock alone of nearly £9000; annuities totalling £400 p/a; and instructs that shares be sold to raise £3671 just to pay his pecuniary legacies. (Richard Hale died worth something in the region of £100,000, but I have discussed his case elsewhere)<sup>154</sup>. John Monro details pecuniary legacies and sums already given his family totalling £12,500, besides wealthy leasehold estate and property in Clerkenwell and Clapham, Middlesex (including Brookhouse). James Monro, on the other hand, appears to have dispensed of most of his worldly wealth to his family prior to his decease,

<sup>148</sup> See *Ghall MSS 6551/1*, fol. 185; *6554/1*, fols 7, 70, 127 & 174.

<sup>149</sup> From 1772, this was condition made even more emphatic with the threat of dismissal for any abuse. See *BCGM*, 19 Dec. 1750 & 25 June 1772, fols 480 & 359.

<sup>150</sup> For Physicians' wills, see *P.C.C. Probs:- 11/205*, q.n. 127, fols 161-2 (Meverall), *11/324*, q.n. 82 (Nurse); *11/502*, q.n. 176, fols 333-5 (Tyson); *11/625*, q.n. 291, fols 60-62 (Hale); *11/798*, q.n. 302, fols 250-51 (James Monro); *11/1213*, q.n. 32, fols 266-8 (John Monro). For Surgeons' wills/administrations, see *P.C.C. Probs:- 11/254*, q.n. 149, fol. 357 (Meredith); *11/500*, q.n. 74, fol. 239 (Talman); *6/91*, fol. 108/215 (Blackstone); *11/714*, q.n. 369, fols 325-6 (John Wheeler); *11/1174*, q.n. 18, fols 143-4 (Richard Crowther). For Apothecaries wills/administrations, see *P.C.C. Probs:- 11/252*, q.n. 18, fols 136-8, (Yardley); *11/356*, fols 194-5 (James); *11/395*, q.n. 53, fol. 52 (Pelling); *11/430*, q.n. 29, fols 224-5 (Dickenson); *6/92*, fols 10-11/20-21 (Adams); *11/815*, fol. 20 (Elderton).

<sup>151</sup> Meverall had a residence in Chertsey, Herts, which he left to his wife, Catherine. His 'whole library' & unspecified landed estate was bequeathed to his eldest son, Othewell.

<sup>152</sup> Nurse's Codicil reveals that his son, George, had since the writing of his will married & had a child 'by the daughter of Mr. Winstanley', a governor of Bridewell & Bethlem, 'Expressly against my Command', but the doctor was magnanimous enough to leave the child £50. He left all his books to his son, Richard.

<sup>153</sup> See Heame, *Remarks*, ii, 124.

<sup>154</sup> See Andrews, 'A respectable mad-doctor'.

apologising to some of its members in his terse will for the guinea he gave each of them, 'because I do not Expect to dye in Circumstances able to do more'. Their wills are also indicative of the varying (and, often, rather limited) relation medical officers felt to the hospitals and to the prevailing verve for charity, even in the more prosperous and economically stable years of the eighteenth century. None of the Physicians of Bethlem bar Edward Tyson & Richard Hale gave legacies to the hospital or its staff, or even mentioned the hospital in their wills. Many, however, probably felt that they had acquitted themselves sufficiently during their lifetime. Thomas Nurse, for example, was the means by which the Countess of Devonshire conveyed 40/ 'for the relief of the poore Lunatiques in Bethlem', in 1656, while James Monro had already given the customary benefaction of £100 to the charity on being elected a governor<sup>155</sup>. The wills of Tyson and Hale are exemplary testaments of the devotion of some hospital physicians to their offices, their wider professional world and the contemporary ideology of charity<sup>156</sup>. By contrast, John Monro's will suggests how the responsibilities of public office had been subsumed beneath those of family and private practice, and just what a lucrative occupation the mad business was. Indeed, John makes detailed provision to ensure the continuance of his private madhouse, which he refers to as a 'Business' or 'concern', under his sons, expecting the business and the Clapham

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<sup>155</sup> *BCCM*, 9 July 1656, 15 & 27 May, & 15 July 1747, fols 757, 323, 325 & 330. Nurse's only posthumous charity was a sum of £5 each to the poor of the parishes in which he died & was buried. He was, in fact, buried at Westminster Abbey as he requested, beneath a readily prepared but rather uninteresting inscription. John Monro procured a benefaction of £50 for Bethlem from an Isaac Hawkins Brown, of Russell Street, Bloomsbury, clearly a neighbour of the doctor's, who was made a governor as a consequence. *BSCM*, 16 Jan. 1779.

<sup>156</sup> Besides 'Tyson's Gift' to Bethlem already mentioned, the doctor left £5 a piece to 'the Steward Apothecary Surgeon and head Porter of Bethlem'; 20/ each 'to the Matron Nurse...Men and...Maid Servants'. He also made bequests to Thomas Gardiner, Treasurer of the united hospitals from 1700-09, (whom Tyson appointed Trustee of his will), & his son, William; Stephen Jermyn (and wife), Silvius Petit (of Bernards Inn) & Mr. Lilly, painter, all governors of the hospitals. The medical staff were clearly closely knit with the hospital administration as a whole at this time. Tyson's will was witnessed by the Bridewell & Bethlem Apothecary, John Adams; who was himself a tenant of Thomas Gardiner's, at a house in Leadenhall Street (see Gardiner's 1709 will, *P.C.C. Prob. 11/513*, fols 121-2); & by his friends, who had been sent for on the day of his death, Lionel Gatford D.D. and George Howe M.D. (also governors). His other charitable bequests comprised:- a share of a £50 annuity to each of the London hospitals; £30 to the poor of the parish where he resided (St. Dionis Backchurch), and smaller legacies to the minister, lecturer and reader, there. His connections with the medical world had been cemented via the marriages of his sisters. Edward's favourite nephews were Richard Tyson and Richard Morton who had both chosen to follow their uncle's profession. Indeed, he made particularly handsome bequests to Richard Tyson (who was subsequently to be Physician to St. Barts.) & to Richard Morton (executor of his will and the son of his old friend and brother-in-law, Dr. Richard Morton and his sister, Sarah), including most of the instruments and accoutrements of his profession. Edward also made bequests to his sister, Elizabeth, and her husband, the apothecary, Robert Norris. During his lifetime, he had made a number of civic-minded donations to Bristol, the town of his birth, including £100 to the Guardians of the Poor (or Bristol Workhouse). See *A Sermon Preach'd...at St. Peter's Church...13th of April 1704* (Bristol, 1704), 23, & *Euro. Mag.*, xvi, 242. (For Hale's will, see Andrews, 'A respectable mad-doctor').

estates to comfortably bring in an annual profit of well over £500<sup>157</sup>.

Far from all medical officers profited greatly from the mad trade of course. Richard Blackstone 'dyed much in debt', leaving his widow 'unprovided for'<sup>158</sup>, and both his will, and that of John Adams, underwent administrations after their deaths. John Pelling bequeathed only £20 on his death in cash. Overall, however, these men were the exceptions that proved the rule. Prosperity did not automatically bring respectability to medical officers, however, particularly those who dealt with the insane, nor did it all arise from their trade in lunacy, of course. William Elderton had been befriended by Richard Steele and was wealthy enough to repeatedly bail the author out of debt, years before he had even been elected at Bethlem, but as the son of a yeoman, he was still jibed at by *The Examiner* as one of Steele's low companions<sup>159</sup>.

Like the Physicians, only a minority of Surgeons and Apothecaries gave legacies (or, indeed, benefactions) to the hospitals, or mentioned their public offices in their wills. Out of twelve Surgeons and Apothecaries whose wills I have found filed at P.C.C., during 1634-1789, only James, Dickenson, John Wheeler and Bryan Crowther, made posthumous signs of their regard for Bethlem or 'for the benefit of the poor patients in [it]' and left legacies to the hospital, its staff or its governors<sup>160</sup>.

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<sup>157</sup> It was out of these profits that the Monro sons were required to allow their mother a £500 annuity. John had also been a good friend of Jonathan Miles and his family, the proprietors of Hoxton madhouse, as were his son Thomas & John Haslam, the Bethlem Apothecary, after him, a large number of patients being passed from one institution to the other. Miles bequeathed both John Monro & William Kinleside (Treasurer of Bridewell & Bethlem, 1768-74) a 1 guinea gold ring in his will. See *P.C.C. Prob. 11/984*, fol. 193; *Madhouses Committee Report*, 1st Report, 1815, 30; 3rd Report, 171-4.

<sup>158</sup> *BCGM*, 4 Feb. 1715, fol. 106.

<sup>159</sup> See Steele, *Correspondence* (ed.), R. A. E. Blanchard, 247-8, 254, 266 & 269; *The Examiner*, iv, 2 Oct. 1713, 37.

<sup>160</sup> Of the Apothecaries:-despite a very detailed & rather wealthy list of bequests, including considerable land and property in Middlesex, London & Surrey, Yardley's only charity was 40s to the poor of the parish in which he resided. Indeed, his interests consisted solely in doing right by his family & in providing for the future of a his apprentice, to whom he largely bequeathed his business & shop. James left £20 to Bethlem, out of a very respectable set of bequests, but evidently felt a commensurate relation to the Company of Apothecaries, of which he had been Master, leaving it the same amount. He also left 1/ p/w to the parish of his birth. Dickenson, in an impressive list of bequests totalling £2,690 in cash, left £60 to Bethlem & £10 each to the poor of 2 parishes. Elderton's will reveals well over £2000 in stock, lands & property in Essex (where the Apothecary had plainly put his hand to 'husbandry'), & a dwelling house in Fenchurch St., London. Of the Surgeons:- Meredith's will says little about the nature of his estate. Talman's will, likewise, tells little but details £800 in cash. John Wheeler's highly detailed will, in which he bequeaths 20/ gold rings 'to the president...Treasurer...Physician and...Clerk' of Bridewell & Bethlem, lists a considerable personal estate, consisting largely of London properties, & over £450 in cash. Richard Crowther seems to have died in the most prosperous circumstances & left the largest legacy—£100—to 'the poor patients of Bethlem hospital'. He had clearly been on intimate terms with John Winder, the deceased Bethlem Apothecary, whom he calls 'my friend', & from whose will Crowther appears

Medical officers were also preoccupied with a whole host of anterior responsibilities, within medical colleges and societies. In many ways this (as well as their prosperous private practices) was a mark of the success of the practitioners of Bethlem. There is a contradiction in historians' refusal to give them credit for such activities, even if it was considerably hospital office which placed them in a position to attain both clients and the higher medical honours, and they were detained, in consequence, from their hospital duties. Bridewell and Bethlem Physicians were especially prominent at the College of Physicians, only Nurse, Tyson and James Monro, failing to assume the more demanding responsibilities of higher office there<sup>161</sup>. In addition, Allen, Tyson and Hale, were all active in the Royal Society, Allen and Tyson, in particular. Allen was especially busy during the late 1660s, 70s and early 80s, being elected to Council in 1678-9. Tyson, serving on the Council ten times (1681, 1683, 1685, 1687-8, 1690, 1692, 1694, 1696 & 1698); presiding over and conducting countless anatomical experiments; producing or delivering a remarkable number and range of studies in comparative anatomy; and serving on numerous committees, seems to have spent more time and energy at Society meetings than at Bethlem and Bridewell<sup>162</sup>.

Amongst the Apothecaries, Ralph Yardley, James James, & William Elderton, were particularly active in the Society of Apothecaries, before or after being elected at Bridewell. Yardley served as Assistant from 1628, Renter Warden (1635-6), Upper (1637-8) and Master (1642-3); James, as Upper (1650-1) & Master (1655-6); Elderton, as Renter Warden (1745-6), Upper (1748-9 and Master (1750-51); but James appears to have freed himself from such offices after

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to have been a beneficiary. In cash & stock alone, Crowther's will disposes of over £5000; & mentions lands in Crowther's native Co. Radnor (worth c£700) & Co. Hereford; property in Surrey & Hackney, Middlesex, & a dwelling house in Newport Street, London.

<sup>161</sup> Crooke was Censor 5 times (1627-31) and Anatomy Reader (1629); Meverall was Censor 8 times (1624, 1626-7, 1632, 1637-40), Elect (1639), Registrar (1638 & 1640), Anatomy Reader (1628), President (1641-4), Treasurer (1645), & Consiliarius (1645-7); Allen was Censor thrice (1674, 1679 & 1682); Tyson was Censor only once, in 1694, being penalised as one of a minority of physicians and Fellows who supported the apothecaries in their battle against the College's plans for a dispensary. Hale was Censor thrice (1718-19 & 1724) & Harveian Orator (1724); James Monro was merely Harveian Orator (1737), & John Monro was Censor 7 times (1754, 1759, 1763, 1768, 1772, 1778 & 1785) & Harveian Orator (1757).

<sup>162</sup> For the involvement of Bethlem Physicians with the Royal Society, see Thomas Birch, *The History of the Royal Society* (London, 1756), vol. ii, 246, 252-254, 260, 317, 321, 328-9, 333, 335-8, 346-7, 356, 374-5, 392; vol. iii, 381, 387, 390, 439-40, 442, 478, 510; 515; vol. iv, 40, 55, 71-2, 90, 96, 101, 106, 134, 137, 161, 164, 166, 169-70, 172-3, 176-8, 185, 188, 194, 197, 204, 206, 210, 214, 221, 226, 231, 236, 245, 255, 284, 340, 382, 387, 402, 404-5, 443, 449, 451, 455, 460, 471, 546-7, 549, 555-7; vol. v, 117; Montagu, *Edward Tyson*; Hooke, *Philosophical Transactions*, e.g. vol. 2, 624; vol. 12, 1035-40; vol. 16, 332; *RSCJB*, ix, 261, 308, 314-5; xii, 71-2, 73-7, 155-6; *The Correspondence of Henry Oldenburg* (ed.), A. Rupert Hall & Marie Boas Hall (Madison, Milwaukee & London, University of Wisconsin Press, 1967), vol. iv, 78, 81, 271, 377, & vol. vi, 26 (note 2); *RSCJB*, vol. iii, 44, 46, 48, 50; Hunter, *The Royal Society & its Fellows*, 204 & 220; Andrews, 'A respectable mad-doctor'.

his appointment<sup>163</sup>.

### Therapy or neglect?

I have argued elsewhere that there was far more to the medical regime at Bethlem than the therapeutic apathy and conservatism with which it has paradigmatically been associated<sup>164</sup>. While I shall partially be reiterating that argument, I shall focus here on elaborating other aspects of care and treatment at the hospital, and on analyzing (rather more evenly) the limitations of that provision.

*Pace* Scull, there is no doubt that the Governors and medical officers of Bethlem believed and, indeed, confidently claimed, that they were curing patients. New governors were informed that this was the function of Bethlem from the outset in their 'Charge'. Cure was emphasised as the hospital's objective in Court orders for the admission of patients throughout the seventeenth century. When Thomas Nurse was elected Bethlem Physician in 1648 it was explicitly for cure of the poore Lunatiques there<sup>165</sup>. The hospital advertised itself repeatedly after the Civil War as 'for keeping & curing distracted persons', or as the Reverend James Ibbetson put it in 1759, 'to rectify the disordered Mind by every method of cure', in the reports delivered as part of the annual Spital Sermons for the royal hospitals of London. After the move to Moorfields, Bethlem boasted, in these reports and in other commissioned publications, that around  $\frac{2}{3}$  of its patients were generally discharged 'cured'<sup>166</sup>. The Bethlem Physician, Edward Tyson, was rewarded and loudly lauded by the assembled governors for 'the successful pains and Care [he had] taken...in

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<sup>163</sup> Yardley was a regular attender at the Court of Assistants in the 1630s; a major representative of the Society in its disputes with the College of Physicians; made donations for various expenditures of the Society & lent it £50 in 1632-3; served on a Committee appointed to inspect Lac Sulphuris at Apothecary's Hall, the preparation of which was observed by his colleague, Meverall, the Bethlem Physician; gave a great deal of evidence in the Quo Warranto proceedings against several members of the Company, in 1633-5. James was appointed Master on 9 Oct 1655, serving until 30 Sept. 1656. See *SACAM*, esp. fols 38, 197, 311, 314, 330, 333-4, 28; C. R. B. Barrett, *The History of the Society of Apothecaries* (London, Elliot Stock, 1905), 49, 54, 60, 136-8; Cecil Wall, H. C. Cameron & E. Ashworth Underwood, *A History of the Worshipful Society of Apothecaries* (London, OUP, 1963), 60, 286.

<sup>164</sup> See Andrews, 'Hardly a hospital...', forthcoming in *Medicine & Charity*.

<sup>165</sup> *BCGM*, 21 July 1648, fol. 352.

<sup>166</sup> During 1676-1705, 8 years for which reports have been found give an average of patients cured as a proportion of those admitted at just over  $\frac{2}{3}$ . During 1739-58, 5 years for which reports have been found give a slightly higher average over  $\frac{2}{3}$ . In 1789, Bethlem claimed to have cured more patients than it had admitted during the previous year and to have buried only 10. See Spital sermons, Psalms of thanksgivings & 'True Reports' (listed in the bibliography) for 1644-5, 1647-50, 1653, 1655-6, 1676, 1681, 1684-5, 1687-8, 1694, 1706, 1740-41, 1743, 1750, 1752, 1759, 1789; *BCGM*, 17 April 1644, fol. 102; E. S. de Beer, 'The London hospitals in the seventeenth century', in *Notes & Queries*, Nov. 18, 1939; Bowen, *Historical Account*, 6.



Curing a much greater number of the said Lunaticks for severall years last past then had ever been propoc[i]onably cured in times foregoing<sup>167</sup>. This commitment to cure was confirmed and gradually extended at Bethlem, with the rooting out of idiots and incurables and the increasing rejection of a widening category of patients deemed outside the curative competence of the hospital (see chap. 6). By the latter eighteenth century, if not before, in accord with the 'going out ceremonies' at other London hospitals, 'recovered' patients were being interviewed on their discharge from Bethlem as to their satisfaction with the care they had received and, ordinarily (or so it was claimed), tendered thanks to the Committee and staff. Whereas little record of such encounters survive, and they are anyway more significant as part of the rhetoric, than the reality, of charity, while barely a single letter of thanks survives in the hospital's archives prior to the nineteenth century<sup>168</sup>, patients did very occasionally leave records of their gratitude to the hospital and its administration. Benefactions to the hospital were made not just by grateful relatives, but occasionally by recovered patients themselves. William Cooling bequeathed £40 to Bethlem on his death circa 1683 after being 'cured' at the hospital<sup>169</sup>. A letter from the parents of one patient (John Dickenson), thanking the Apothecary, John Gozna, and the Committee, 'for the great Care our Son has received', they finding him 'perfectly composed in his Mind' and 'not troubled with the Pain in his Head as he was', was read by the Committee and reproduced in its Minutes, in 1792; a self-conscious advertisement on the Governors' part of the effectualness of the hospital<sup>170</sup>. The Governors employed the production of another grateful patient to dramatic rhetorical effect, displaying his prayer for 'all dwelling in this place' on a carved and gilded plaque in the hospital's examining room<sup>171</sup>. The aforementioned Dickenson, like so many of

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<sup>167</sup> *BCGM*, 12 Oct. 1694, fol. 391.

<sup>168</sup> While Bowen described how each patient discharged 'recovered' was 'interrogated as to the treatment he has received, and, if he has had cause of complaint, required to deliver it', the onus was clearly on patients expressing gratitude rather than dissatisfaction (the Governors not being interested in the opinion of 'uncured' patients), and there is little sign in the Governors' Minutes of any such complaints being heeded. When patients did not return from leaves of absence to thank the Committee it was clearly looked askance upon by the Governors, who anyway preferred to see the final evidence of restitution for themselves. See *BSCM*, e.g. 1 Sept. 1792 & 4 Oct. 1794, fols 86 & 251, & Bowen, *Historical Account*, 14.

<sup>169</sup> See *BCGM*, 14 March 1683, fol 358. See, also, cases of Richard Tymes, a beaver maker of St. Clement Danes, Middx, who presented a framed bible to the hospital 'as a thankful Acknowledgment to them for keeping his Wife and...sonne in...Bethlem for Cure'; & Betsy Oakes, admitted 20 June 1778 & discharged 'Well' 16 Jan. 1779, whose 'Friends' donated £20 to the hospital; *ibid*, 13 July 1676, fol. 271 & 16 Jan. 1779, & *BAR*.

<sup>170</sup> *BSCM*, 1 Dec. 1692, fol. 105.

<sup>171</sup> See Smith, *Ancient Topography*, 34.

those admitted to the hospital, was soon to relapse, however<sup>172</sup>, and as we shall see, in chapter 6, the reality behind the rhetoric of cure was rather different. Yet it is clearly erroneous to state that Bethlem did not claim to cure its patients.

Given the extent of their external activities and that they were only required to attend the hospital in a visiting capacity, most of Bethlem's medical officers were, in fact, remarkably hard working and committed to their posts. Indeed, the proverbial supineness of the early practitioners of Bethlem, both in terms of their attendance and their therapeutics, has been somewhat exaggerated. Physicians were regularly rewarded from the 1650s with gratuities by the Governors in consideration of their 'extraordinary care and paynes' both 'for the poore Lunatiques' and ancillary staff of Bethlem, and for the staff, artsmasters and inmates, of Bridewell, even though these discretionary gratuities became largely a formality by the 1690s<sup>173</sup>. While Othewell Meverall's name is rarely recorded in the Court Minutes, his four successors were certainly active presences at the hospitals. It was during the physicianship of Thomas Nurse that certification was introduced at Bethlem, and Nurse is regularly to be found distinguishing and ejecting those patients he deemed to be 'Idiotts', 'not a Lunatike', 'cured' or otherwise 'unfit to be kept at the hospital' (see *infra*, chap. 6). Nurse's work was continued by Thomas Allen. Allen was particularly active in prosecuting and securing the discharge of Edward Pursell from Bethlem, despite considerable opposition from the Privy Council<sup>174</sup>. It was Allen who composed and had printed in the press the public disclaimer of Bethlem's association with 'Tom o' Bedlam' beggars, in 1674-5 (see chap. 6). While the Apothecary, James, was suspended in 1672, the Governors declared themselves 'well satisfied of the Integrity and fidelity of Doctor Allen', and commended him for having fully despatched the Apothecary's business for the next three months, describing him as 'a Learned and experienced Phisician'<sup>175</sup>. It was probably on this account that the Court elected him a governor five months later<sup>176</sup>. Indeed, Allen was promi-

<sup>172</sup> Dickenson was admitted 14 Feb. 1792 & discharged on 6 Oct. 1692, after two months leave of absence (granted on 6 Oct. & 3 Nov.), but was to be readmitted on 29 Nov. 1694 & to die at Bethlem a month later, on 21 Dec. See *BAR*, fols 4 & 38.

<sup>173</sup> See e.g. *BCGM*, 2 Jan. 1652, 2 Feb. 1653, 1 May 1654, 23 Nov. 1655, 20 Nov. 1657, 24 Jan. 1659, 28 Feb. & 1 April 1663, 19 Oct. 1666, 3 Nov. 1669, 19 Feb 1673, 3 March 1676, 1 March 1678, fols 52, 590, 653, 724, 836, 90, 39, 42, 174, 479, 227, 12, & Table 4a.

<sup>174</sup> *Ibid*, 22 Jan., 25 March, 23 April, 23 May 1673, 11 Feb , 6 March, 7 Aug., 20 Nov. 1674; & *infra*, chap. 6.

<sup>175</sup> *Ibid*, 5 Jan., 7 Feb. & 29 March 1672, fols 367-8, 371 & 382-3.

<sup>176</sup> *Ibid*, 13 Aug. 1672, fol. 433.

nently involved, in both his capacities, in the hospitals' affairs, mediating with notables on the hospitals' behalf, and very much at the hub of the Courts and Committees which initiated and supervised the spectacular re-building of Bethlem at Moorfields<sup>177</sup>. He was the first, judging by Robert Hooke's diary, to actually discuss the plans for the new building with the architect<sup>178</sup>. He was appointed a member of the new rotational committee for Bethlem in 1677, and probably advised on the new rules and regulations for the house established in that year, in particular, the changes in patients' diet designed to better 'conduce to their Recovery' and the exclusion of visitors from patients in a state of nakedness or 'in a course of cure' without the Physician's consent<sup>179</sup>.

Edward Tyson's physicianship was in many ways a golden age of therapeutic initiative and optimism at the newly constructed hospital, the doctor inspiring a whole host of improvements in the hospital's medical provision, including:- the appointment of the first nurse for patients with bodily ailments at the hospital (see *infra* & chap. 3); the establishment of the Wardrobe Fund (see chap. 3); the introduction of the therapy of cold (and warm) bathing; and the inauguration of an ambitious policy of after-care, with a preventative, dispensing facility and a discretionary relief fund (commonly known as 'Tyson's Gift') for discharged patients (see *infra*). I have discussed Richard Hale's career at Bethlem elsewhere, and it is suffice to say here that he consolidated Tyson's work, with assiduity, rather than remarkable vision, and was instrumental in the establishment of the incurables' wards at Bethlem<sup>180</sup>.

Tyson's career, perhaps, best typifies the ambivalent position of the mad-doctor, and the Bethlem Physician in particular, as both recognised expert and sitting-duck for disparagement. On the one hand, Tyson was praised by his friends for his services in curing 'depraved Sense' and raising 'the faln *Image* of God', as both 'learned' and 'skilful'. On the other hand, he was

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<sup>177</sup> See e.g. *BCGM*, 19 June, 11 & 29 July, 9 & 23 Oct. 1674, 22 Jan., 4 & 18 June 1675, fols 1-4, 13-23, 42-6, 51-6, 90-94, 132-3, 138.

<sup>178</sup> Hooke, *Diary* (eds) Robinson & Adams, 14 April 1674; 'With Dr. Allen at Bedlam. View'd Moorfields for new Bedlam. Drew up report for him. At Sir W. Turner. Undertook new Designe of it...'. Hooke's diary is, overall, rather unilluminating about affairs surrounding the re-building of Bethlem, although it was plainly rife with squabbling between the Governors & their workmen. One can only guess at the import of the tantalisingly brief comments he made; e.g. 'Fri Nov. 13 [1674] Design'd module of Bedlam, Governors stark mad of the Dr...'. Hooke's diary does suggest how active Allen was in the project & that the two were on friendly terms, Hooke even taking advice on his diet from Allen; see e.g. entries dated 19 Feb., 29 March, 9 April, 19 July, 6 Aug., 10 Sept. 1675, 3, 4 & 11 Jan., 23 March & 6 June 1676

<sup>179</sup> See *BCGM*, 16 Feb. & 30 March 1677, fols 336 & 356-61.

<sup>180</sup> See Andrews, 'A respectable mad-doctor'.

ridiculed and censured by his enemies; Tom Brown portraying him being laughed at by a patient for what was his only 'great skill', his 'taciturnity', and Garth (on the opposite side to Tyson in the Dispensary dispute), representing the doctor as 'Carus', a foggy-minded quack<sup>181</sup>.

. As did the Monros subsequently, Allen, Tyson and Hale, all had publicized confrontations with individual patients which do little credit to their methods of treating the insane<sup>182</sup>. Allen, in his treatment of James Carkesse at his own Finsbury madhouse and at Bethlem, was given an especially poor press by his patient. Refusing to certify Carkesse as recovered until he relinquished writing the poetry which so mercilessly lampooned Allen's medical practice, it is not insignificant that Carkesse was one of the few patients discharged from Bethlem on his own petition that 'hee is recovered to his right minde' and his appearance before the Court, rather than, as was usual, according to the Physician's certificate<sup>183</sup>. In fact, Allen may have been prejudiced against Carkesse's case by his friendship with Samuel Pepys. Prior to Carkesse's confinement, Pepys was made a governor of the hospital, at Allen's personal nomination, becoming an active and very useful member of the Board<sup>184</sup>, and had been Carkesse's declared 'rival' and enemy at the Navy Office. Such arguments, of course, cut both ways, Carkesse's account clearly being inflated by prejudice and resentment. Next to Pepy's more objective and contemporaneous version of the events leading up to Carkesse's dismissal from the Navy Office, in his *Diary*, the suggestions of rivalry from a humble Clerk against the Secretary add further testimony to the delusions of grandeur Carkesse's *Lucida Intervalla* indicate that he was suffering from<sup>185</sup>.

<sup>181</sup> For friendly accounts, see Evelyn, *Diary*, iv, 275, 289-90, 297, 314, 337; Elkanah Settle, *Threnothum Apollinaire. A Funeral Poem to the Memory of Dr. Edward Tyson Late Physician to the Hospitals of Bethlem & Bridewell* (London, 1708); *A Satyr against Wit* (2nd edn: London, 1700); *Spite and Spleen or the Doctor run MAD. To the Worthy Dr. T[y]s/o/n* (London, c1700), & *Euro. Mag.*, vol. 16, 241-2. For unfriendly accounts, see Brown, *Amusements*, 36; Samuel Garth, *The Dispensary* (London, 1699), Canto v, 58; Defoe, *Review* (1706), Nos 69, 82, 89 & 91, 277-80, 327, 353-6 & 361-2.

<sup>182</sup> For more on Hale & Tyson's controversial private attendance, see Andrews, 'In her vapours'; *Mrs Clerke's Case* (London, 1718); *The True Case of Mrs Clark* (London, 1718); Defoe (as in previous ref.). For Allen's treatment of James Carkesse, see Carkesse's *Lucida Intervalla*.

<sup>183</sup> See *BCGM*, 29 Nov. 1678, fol. 64 & chap. 6, *infra*.

<sup>184</sup> See *BCGM*, esp. 18 June 1675, 21 July 1676, 2 March 1677, fols 138-9, 277 & 346. Another Pepys, Henry, also became a member of the Board in 1675; see *ibid*, 16 July 1675, fol. 145.

<sup>185</sup> Pepys's *Diary* does document the Secretary's increasing hostility towards Carkesse and his activities at the Navy Office, but, moreover, it suggests that Pepys actually behaved quite soberly & fairly towards Carkesse. See *Diary* (eds), Latham & Matthews, vi, 193; vii, 366, & viii, 60, 63-4, 76, 78, 94 & 146.

Undoubtedly, there was a strong vein of conservatism and aloofness in the Bethlem medical regime. As we shall see, the array of medicaments and methods of treatment deployed on the hospital's population remained essentially unchanged for the duration of the period. The majority of the scholarly activity of Bethlem Physicians was preoccupied with anatomical, rather than 'psychiatric', study, of a nature more often 'curious' than seminal or even useful, and verging at times on obscurantism<sup>186</sup>. Thomas Allen was a 'passionate' defender of 'Galenicall physic' against those 'Iatrochemists', who, influenced by the new science of Paracelsus and van Helmont, espoused chemical medicines against the herbal based concoctions used for so long by established physicians<sup>187</sup>. John Monro reacted sharply and ironically, but, fundamentally, with the complacency and narrow-minded pessimism of a confirmed empiricist, against the optimistic challenges issued by Wiliam Battie and St. Luke's to traditional therapeutics at Bethlem. Half a century later, Thomas Monro did little more than incriminate himself and the methods of treatment pursued at the hospital, in confessing that he merely followed the prescriptions of his father, despite believing that they were virtually nugatory in remedying mental illness.

Yet conservatism was sometimes a saving grace for Bethlem Physicians, and could lead them to be quite protective of their patients and wary of the medical profession's need for guinea-pigs. Despite the heady enthusiasm of the Royal Society in the 1660s for novel animal-to-man blood-transfusion experiments as a means of curing insanity; and despite efforts by its leading fellows (Hooke, in particular) to persuade their new member, Thomas Allen, 'to try it upon some mad person in...Bethlem'; the Bethlem Physician had 'scrupled' 'to try the experiment upon *any* [my italics] of the mad people' there. Dr. Christopher Terne (1620-73), Physician to St. Barts 1653-69, on the contrary, displayed no similar scruples<sup>188</sup>.

On the other hand, both Allen and Tyson were sufficiently motivated for the cause of advancing contemporary knowledge of insanity and of brain function in general, to conduct and

<sup>186</sup> See esp. Allen, 'An Exact Narrative Of an Hermaphrodite now in London', *P.T.*, vol. 2, 10 Feb. 1668, 624; Birch, *History of the Royal Society*, vols. ii & iv; Andrews, 'A respectable mad-doctor'.

<sup>187</sup> Allen was overheard in a coffee-house by his old university chum, Samuel Pepys, inveighing against 'a Couple of Apothecarys' on the matter. See Pepys, *Diary* (ed.), Latham & Matthews, vol. iv, 3 & 11 Nov. 1663, 361-2 & 378; vol. vii, 1 April 1666, 87.

<sup>188</sup> Nothing, either, seems to have come immediately from Allen's meeting with other Fellows at the house of Sir George Ent (President of the Society), 'to consider together, how this experiment might be most conveniently or safely tried', if indeed it ever took place, although a guinea-pig had been found a month later in Arthur Coga, & Allen cooperated with transfusion experiments conducted upon animals. Transfusion had been piloted on the continent by Jean Denis and others in 1666-7. For this discussion, see *RSCJB*, iii, 11-12, 15, 36, 39, Birch, *History of the Royal Society*, ii, 202, 204, 214-6; iii, 356; Hooke, *P.T.*, vol. 31, 581; vol. 32, 617-24; Richard Lower, *Tractatus de Corde* (1669), trans K. J. Franklin in *Early Science in Oxford* (ed.), R. Gunther (Oxford, 1932), vol. 9, 171 & 188-92; Hunter & Macalpine, *Psychiatry*, 184-6.

give presentations upon numerous postmortem examinations, both on Bethlem patients and on other cases where abnormalities were found to have occurred. Whether or not 'the Roome reported to be convenient for Docto[r] Allen the Phisitian to open the Bodyes of Lunatickes' was erected at the new Moorfields building in 1676, is unclear, yet the plan was plainly at Allen's instigation<sup>189</sup>. Richard Wiseman, sergeant-surgeon to Charles I, published an account of a postmortem operation conducted by Allen on a Bethlem patient in the same year, and related to him by the Charterhouse Physician and FRS, Walter Needham<sup>190</sup>. Sharing Allen's interest, Edward Tyson called upon his own findings in postmortem examinations on patients at Bethlem and elsewhere, to cast astute doubt upon the correlation some physicians and Fellows of the Royal Society were attempting to establish between petrification of the pineal gland and fatuity, or madness<sup>191</sup>. In a letter to Dr. Robert Plot in 1681, Tyson described the progress of his dissections, 'in particular' how he had 'made a new dissection of the Braine different from Dr. Willis, which shows the parts fairer and more naturally, & severall new observations I have made about it', and his findings were subsequently published in Dr. Samuel Collins's *System of Anatomy*<sup>192</sup>. Tyson's interest in the classification of animal species did not lead him to any attempt at a nosology of insanity, and the anatomical studies of Bethlem Physicians made little contribution to their hospital practices. Yet historians have failed adequately to appreciate the pertinence of comparative anatomy, in an anthropomorphic age preoccupied with the riddle of human rationality, and with unravelling what exactly distinguished mankind

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<sup>189</sup> *BCGM*, 12 Jan. 1676, fol. 211. See, also, Hooke, *Diary* (eds) Robinson & Adams, 3 Jan. 1676; 'At Garaways...Dr. Allen [etc]...at Bedlam. On Exchange spoke to treasurer about Allein Roome & c...'.  
<sup>190</sup> Richard Wiseman was appointed a governor of Bethlem in 1678 & was, also, alongside Allen, amongst the first members of the new rotational committee for Bethlem. Sir William Wiseman had been elected a governor in 1675. A Dr. Needham was threatened with a suit by the Court of Governors in the same year, as security for the patient, Peter Temple, whose account was in arrears. Allen was also acquainted with John Ray, the naturalist, a good friend of Needham's. See Wiseman, *Several Chirurgical Treatises* (London, 1676), Bk. I, 132; Charles E. Raven, *John Ray, Naturalist. His Life & Works* (Cambridge, CUP, 1950), 46; *BCGM*, 2 July & 3 Nov. 1675, 16 Feb. 1677, 9 Aug. 1678, fols 140, 192, 336 & 41.

<sup>191</sup> After Descartes had posited the location of the seat of the soul or 'anima rationalis' as the pineal gland, Willis had suggested that the condition & size of these parts directly corresponded to the brutishness of the particular creature. See e.g. Willis, *Soul of Brutes*; Gunther (ed.), *Early Science*, vol. xii, 214; Birch, *History of the Royal Society*, vol. iv, 502; Hooke, *P.T.*, vol. 16, 228-31. Members of the Dublin Society, closely associated with the Royal Society, were also hotly pursuing this same avenue of research; see e.g. *Early Science* (ed.), Gunther, vol. xii, 196-7. Hunter & Macalpine, to their credit, recognised the contributions made by Bethlem medical officers in this respect; see *300 Years of Psychiatry*, 227-9, 658-61.

<sup>192</sup> Tyson had been friendly with Plot since their College days. See *Early Science in Oxford* (ed.), R. T. Gunther (London, Dawsons, 1937; reprinted, 1968), vol. xii, 3; Collins, *System of Anatomy* (London, 1685); Hearne, *Remarks*, ii, 95.

from brute creation and what inhibited that distinction. It seems likely that the anatomical experiments of the Bethlem Physicians were drawing them towards a greater appreciation, if only a partial view, of insanity as brain dysfunction caused by lesion. Whereas Allen communicated an account to the Royal Society 'of the loss of part of a man's brain without any prejudice to the patient', Tyson spoke before the Society and published papers in the *Transactions* on postmortem examinations of an infant and an adult born with malformations of the brain, and on the preservation of brain tissue<sup>193</sup>. While I have discovered no evidence that the work of Allen and Tyson was followed-up or furthered by subsequent Bethlem Physicians, from about 1765, there was a mortuary (commonly and colourfully referred to as the 'Bone House' or 'Dead House') and, sometime before this date, a 'Surgery' at the hospital, where such examinations could certainly have been performed, as they were with great assiduity by the Surgeon, Bryan Crowther, and the Apothecary, John Haslam, during the latter eighteenth and early nineteenth centuries<sup>194</sup>. Although Allen, Tyson and their contemporaries were chasing an elusive spectre in their preoccupation with the condition of the pineal gland, watery deposits on the brain, brain tumours, *et al*, and although Crowther's and Haslam's considerably more extensive researches were essentially barking up the same tree, their investigations are still at odds with the customary view of an ossified medical regime cloyed in apathy and tradition<sup>195</sup>.

Not all of Bethlem's remedies were as tired and old as they have seemed to historians. Bathing was certainly not a new therapy when it was introduced to Bethlem in the 1680s, yet, as I have argued elsewhere<sup>196</sup>, this was a time of rediscovered enthusiasm for the benefits of water therapy in the medical world, with the publication of treatises by Sir John Floyer and others, and

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<sup>193</sup> Tyson was clearly interested in brain function throughout the animal kingdom. See Birch, *History Of the Royal Society*, vol. ii, 252-3; Hooke, *P.T.*, vol. 19, 533-7; *RSCJB*, iii, 289 & ix, 61-2 & 264; *R.S. Letter Book*, vol. 13, ltr of Tyson to John Wallis, 16 Jan. 1701, 137-8.

<sup>194</sup> See *BCGM*, 20 June 1765, fols 136-7; *BSCM*, 29 Jan. 1780 & 24 April 1790; *CLRO MS Comp. City Lands Plan 303*, reproduced as Fig. 3a, being a 'plan of the premises at Little Moorgate adjoining Old Bethlem [meaning the Moorfields building] Hospital' (n.d. c1790), showing the 'Dead House', carpenters shop, infirmary, laundry, apothecary's house & shop, & the men's exercise yard; Crowther, *Practical Remarks on Insanity: to which is Added, a Commentary on the Dissection of the Brains of Maniacs; with some Account of Diseases Incident to the Insane* (London, 1811); & Haslam, *Observations on Insanity: with Practical Remarks on the Disease and an Account of the Morbid Appearances on Dissection* (London, 1798), 36-133.

<sup>195</sup> The minutes of Royal Society meetings also evidence Allen's interest in 'hydrophobia', while he had also carried out experiments on certain 'Medicinal waters near London', known for their 'purging' properties. See Birch, *History of*, ii, 392; *RSCJB*, v, 117, & Royal Society Misc. M.S. entitled 'Dr. Allens paper about purging water'.

<sup>196</sup> Andrews, ' "Hardly a hospital" '.

the conduct of numerous demonstrations, in support of its virtues<sup>197</sup>. Furthermore, the initiative of Tyson and the Governors was taken before the publication of much of the new literature advocating the therapy, although Tyson was plainly conversant with what was available and a responsive reader<sup>198</sup>. When, in 1702, Floyer cited an allegedly successful experiment of Tyson's on a suicidal patient as a vindication for the utility of cold baths 'in curing madness', Bethlem can be seen as very much at the forefront of contemporary 'advancements' in the treatment of the insane<sup>199</sup>. John Strype described, more or less in Tyson's own words, the therapeutic rationale behind the treatment, and the complementary fashion in which it was geared to work, in synchrony with the weather, as both a cold and a hot bath, both for mental and for bodily afflictions:-

'In the Heat of the Weather, a very convenient Bathing Place, to cool and wash them, and is of great Service in airing their Lunacy; and it is easily made a hot Bath for restoring their Limbs when numbed, or cleansing and preserving them from Scurvey, or other cutaneous Distempers'<sup>200</sup>.

By the nineteenth century, on the contrary, the baths at Bethlem were admitted by staff themselves 'to be in a very *inconvenient* [my italics] situation indeed'<sup>201</sup>. Indeed, by the time the *Madhouses Committee* sat in judgment over Bethlem, ancillary staff testified that 'no warm bath' existed at the hospital, and structural changes had meant that all forms of bathing had largely

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<sup>197</sup> For bathing at Bethlem, see esp. *BCGM*, 7 July 1687, 29 June 1688, 24 May & 28 June 1689, fols 249, 312 & 416. For the popularity of water therapy at this time, see Edward Baynard and John Floyer, *The History of Cold Bathing Both Ancient and Modern in Two Parts* (London, 1702); Floyer's *An Enquiry into the Right Use and Abuses of the Hot, Cold, and Temperate Baths in England* (London, 1697); Robert Pitt, *The Craft & Frauds of Physic Expos'd* (London, 1703), appendix on cold baths, in a letter to Sir John Floyer (Pitt was also a good friend of Tyson's); Franciscus Mercurius van Helmont, *The Spirit of Disease* (London, 1692); Robert Pierce, *Bath Memoirs* (Bristol, 1697); & Hunter and Macalpine, *Psychiatry*, pp.123, 254-7, 268-70, 325-9. Baynard's polemic; where he boasts of the 'great and considerable Cures...done upon manical Persons', even when of the 'raving' sort & given up as hopeless, & when 'all the usual Bedlam Methods have been baffl'd, & the Patient sunk, & brought low, by often Bleeding, & needless Purgations'; while anticipating Battie, does something of an injustice to Bethlem, which after all had a bathing facility & whose physicians were appreciative of the dangers of excessive evacuations.

<sup>198</sup> Tyson had personally been given a sneak preview of Guidott's MSS on the Bath Waters, in 1681; see *Early Science* (ed.) Gunther, vol. xii, ltr to Plot dated 3 May 1681, 6 & note 4; T. Guidott, *De thermis Britannicis* (London, 1691).

<sup>199</sup> See Floyer, in Baynard, *History of Cold Bathing*, 142.

<sup>200</sup> Strype edn of Stow's *Survey*, 195.

<sup>201</sup> *Madhouses Committee Reports*, 1815, 1st Report, 60.



fallen into disuse<sup>202</sup>. Yet references in the Sub-Committee Minutes to the repair of the facilities and the purchase of bathware and utensils make it clear that bathing was regularly practised for much of the eighteenth century<sup>203</sup>. John Monro believed that 'cold bathing...has in general an excellent effect', yet stressed that 'it is not to be prescribed *indiscriminately* [my italics] to everyone'<sup>204</sup>. Practitioners were far from united on its use, however. While Tyson recommended it for the suicidal and Monro, likewise, seems to have favoured it for the withdrawn, melancholy patient, warning of its tendency 'to hurry the spirits'; and while Floyer commented that it 'is much condemn'd in the *Epilepsie* or *Convulsions*'; Baynard advised it for '*all the hot Windiness of the Spirits*', including '*Epileptick Vertigo*' & '*Convulsions*'<sup>205</sup>. At the end of the eighteenth century, Thomas Monro had himself recommended and provided a douche, or 'Shower bath', to supplement water therapy at Bethlem, considering 'that it would be much for the benefit of the Patients'<sup>206</sup>. Nevertheless, as Haslam's testimony in 1815 argues, bathing (like most medical treatment at Bethlem) had formerly been so routine, that it was generally applied from 'July to the setting-in of the cold weather', indiscriminately, to those patients deemed 'proper objects'; signifying a distinction only between those patients who 'would' or 'would not bear it'. Nor could this have been radically removed from the practice prior to Haslam's appointment in 1792<sup>207</sup>.

It is upon the Monros that the bulk of Bethlem's poor reputation has been hung by historians, and indeed, there is only limited evidence to contradict a negative view of the family's involvement at the hospital, and, more especially, with their patients. While their predecessors

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<sup>202</sup> *Ibid.*, 39, 60, 94.

<sup>203</sup> John Howard also mentioned only cold bathing facilities for both sexes at Bethlem on his visit there in the 1780s, yet there was certainly a hot bath for male patients as late as 1778. See *Lazarettos*, 139; & *BSCM*, e.g. 13 May 1710, fol. 20, when 10 'Bathing frocks' are provided for the hospital; 19 & 26 March 1757, fols 6-7, & 7 Feb. 1778, nfn, when repairs are ordered to the womens' cold bath & to 'the Brickwork to the Boiler in the Mens Hot Bath room'; 25 Oct. 1777, when 'the Awning leading to the Cold bath on the Womens side' is ordered painted; 6 May 1780, when the passage to the women's cold bath is ordered 'covered with boards'; 24 April 1790, where the men's cold bath is instructed to 'be removed to the room now made use of for depositing the Bodies of the Dead', & *BGCM*, 24 March 1795, when 'A Bathing Jacket' purchased at 7/3, appears in a list of clothing.

<sup>204</sup> *Remarks*, 52.

<sup>205</sup> See Floyer, *Enquiry into the Right Use and Abuses*, 104-5; Baynard, *History of Cold-Bathing*, 142-3. Compare, also, Cheyne, *An Essay Of Health*, 37; Mead, *Mechanical Account of Poisons*, in *The Medical Works* (London, 1762), iii, 94-5; *idem*, *Medical Precepts & Cautions*, trans. Thomas Stack (London, 1751), 97.

<sup>206</sup> *BSCM*, 20 Jan. 1798.

<sup>207</sup> *Madhouses Committee Reports*, 1815, 1st Report, 94, 103.

can hardly have been expected to abandon, or even seriously to question, methods of treating the insane which were almost universal and had barely been challenged by alternatives, this argument becomes increasingly less tenable for the Monros and the Governors of Bethlem as the eighteenth century progresses. Very few accounts of the attendance given by the Monros on their patients survive, and those that do pertain largely to their private practice. Yet these accounts do little credit to the Monros or their methods, which were, after all, scarcely different (and certainly not superior) to those they employed at Bethlem. Alexander Cruden, who was attended privately by both James and John on different occasions, separated by a space of over fifteen years, gives a particularly damning assessment of the medical attention he received at their hands. According to Cruden:- James not only prescribed for him six days before even seeing him; but did not even deign to enquire after the operation of that medicine.

There is little sign that James Monro, in particular, was very involved in the major initiatives of the twenty-five years he officiated at the hospital; the addition of the female incurables wing in 1733-5 (planned since the 1720s); the establishment of an infirmary in the 1740s, or the review of specifically medicinal aid and its expense, at mid-century, which culminated in the erection of the Apothecary's shop and the appointment of a resident apothecary. Indeed, his presence or opinion is rarely even mentioned in the Governors' Minutes, excluding the routine business of admitting and discharging patients, and an indulgent defence of the traditional allowance of  $\frac{1}{2}$  a pint of 'Strong beer' 'a day' to patients, Monro thinking it 'of great service to 'em'<sup>208</sup>. On the other hand, James was interested and attentive enough to have the Porter, Nurse and (presumably the) Matron, give him a verbal 'Account' of the patients, when he visited the hospital on Mondays and Wednesdays<sup>209</sup>.

John Monro was conspicuously more involved than his father had been in initiatives taken at the hospital. Indeed, he presided over and partially engineered a gradual extension of the formal authority of the Physician, and other medical officers, over the running of the hospital and its occupants, during the second half of the eighteenth century. He advised at numerous Courts and Committees, including those which directed the construction of another infirmary in 1763; which conducted a review and introduced sweeping reforms to the standing rules and orders governing the ancillary staff in 1765; which abolished servants gratuities and curtailed public visiting in 1769-70; which established new guidelines for the Apothecary's service in 1772, and which added cells for both curables and incurables<sup>210</sup>. Often, indeed, he took part in these

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<sup>208</sup> 12 March 1742, fol. 141.

<sup>209</sup> *BCGM*, 6 May 1736, fol. 391.

<sup>210</sup> *Ibid*, 8 Aug. 1763, 20 June 1765, 27 April 1769, 25 June & 9 July 1772, 5 Aug. 1784, fols 118-120, 132-7,

meetings in conjunction with William Battie, Physician to St. Luke's, a reminder that the rift between the two physicians, and between Bethlem and St. Luke's, was not as extreme as some historians have suggested (see *infra*). Monro and the other medical officers could be quite protective of their patients interests, as, for example, in 1763, when maintaining the need for lunatics to 'be kept Extreemly Quiet', they successfully opposed the application of Coleman Street Ward to build a watchhouse nearby the hospital<sup>211</sup>.

While Cruden assailed both of the Monros for the treatment he had received, and he and other patients brought legal actions against the doctors, they lost their cases<sup>212</sup>. Many of the charges Cruden levelled appear unjustified and prejudiced, if not paranoid. For example; Cruden saw James's exclusion of his visitors, unless they obtained tickets from the doctor, as a conspiracy against him, and an attempt to silence him and to prevent his escape. On the contrary, this seems to have been Monro's standard policy in his private practice, he clearly considering isolation as therapeutic (although this reflects rather poorly on his tolerance of visiting at Bethlem)<sup>213</sup>. The Monros were not always so unsympathetic to appeals for liberty from private madhouses, while some patients, and their families, were plainly very pleased with the treatment they had received from the doctors. Thomas Monro was praised as a 'real Gentleman of the Faculty', 'a man of feeling' and 'understanding', by William Belcher, for his assistance in achieving Belcher's liberation from Hackney madhouse<sup>214</sup>. Horace Walpole seems to have been highly satisfied with John Monro's attendance on his nephew, Lord Orford<sup>215</sup>. Henry Roberts was helped out sympathetically (if vainly) by both James Monro and the apothecary and Bethlem governor, John Markham, when attempting to obtain his liberty from Canterbury madhouse, both of them agreeing to write to the Lord Chancellor and to testify on his behalf<sup>216</sup>.

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248-50, 349, 359-60 & 155-6.

<sup>211</sup> *BCGM*, 27 Jan. 1763, fols 46-7.

<sup>212</sup> James Monro was served with a suit not only by Cruden, but by an ex-Bethlem patient, Thomas Leigh. Leigh's suit was filed in the King's Bench in 1742 and the hospital filed bail and defended the action on Monro's behalf. See *BwellGCM*, 22 Oct. 1742, fol. 126.

<sup>213</sup> Cruden, *Mr. Cruden Greatly Injured* (London, 1739), 2 & 4.

<sup>214</sup> *Belcher's Address to Humanity, Containing, A Letter to Thomas Monro...* (London, 1796), 1-4.

<sup>215</sup> Walpole, *Correspondence* (ed.), Lewis, vol. 12, 95; vol. 24, 316, 367 & 372; vol. 34, 47; vol. 36, 118, 335-6, & vol. 42, 355-6.

<sup>216</sup> See *The Sufferings and Death of Henry Roberts Esquire*, trans. from French by Paul de St. Pierre (Dublin, 1748), 52 & 54; Porter, *Manacles*, 112-13; Hunter & Macalpine, *Psychiatry*, 373-5.

Indeed, Hunter and Macalpine did something of an injustice to James Monro in asserting that his contemporary 'renown' in the treatment of the insane was simply the result of 'the growth of periodical literature' and because he was alone in his specialism<sup>217</sup>. The fame of the Monros, and indeed, of their predecessor, Richard Hale, was disseminated, also, through the scope and success of their private practices, and the rich and influential connections they forged as a consequence<sup>218</sup>.

The resident Apothecaries at Bethlem, whose function began to approach that of nineteenth-century medical superintendents by the latter part of the eighteenth century, seem to have acquitted themselves particularly well at the hospital. Sophie von la Roche gave a glowing, if, ultimately, unbelievable account, of both the Apothecary, John Gozna, and Dr. John Monro, in the 1780s, whom she characterised as men of superior 'feeling' and 'humanity', Gozna carefully refraining from using 'the cruel expressions "fool" or "madman" ', and faithfully implementing Monro's 'institute[s]' to tend all patients with 'persistent tenderness and kindness' and 'affectionate care', from which both hoped and believed had arisen 'a salutary effect'<sup>219</sup>. Yet Gozna was sufficiently motivated and interested in his patients to keep a detailed 'private register of all the patients', comprising 'a concise abstract of the sexes, ages, causes, prominent features, cures, relapses, discharges, deaths & c', and to entrust them to the physician William Black, for use in the first quantitative study published in England aimed at advancing the knowledge and practice of the specialism<sup>220</sup>.

Despite the rather lax attendance of surgeons at Bridewell and Bethlem, signs of neglect for the surgical needs of patients are not as common as might be expected and has been supposed by historians. Negligence was more prevalent during the earlier part of the period. One may certainly query how the leg of the patient, Henry Hobson, had been permitted to become 'soe Ulcerated that' amputation was thought necessary, a month after the Surgeon, William Wright, had been ordered dismissed<sup>221</sup>. Ultimately, however, there is insufficient evidence to come to

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<sup>217</sup> Intro. to their edn of Battie's *Treatise* & Monro's *Remarks*, 18. Frings claimed, unctuously & rather more inaccurately, however, that it was Monro's 'great Merit' which had placed him 'in the important Station you so deservedly possess'; *Treatise on Phrensy*, dedicatory.

<sup>218</sup> See Andrews, 'A respectable mad-doctor'.

<sup>219</sup> *Sophie in London*, 167-71.

<sup>220</sup> Black, *Dissertation on Insanity*; Hunter & Macalpine, *Psychiatry*, 644-7.

<sup>221</sup> *Ibid*, 3 Dec. 1630 & 14 Jan. 1631, fols 208 & 211.

any firm conclusion, and there is no apparent trace of reproof for the care Hobson had received in his sister's petition. The criticism was more than implicit, however, when the Surgeon, Christopher Talman complained to the Court 'of the great charge he has been at in providing good Medicines for the patients who were left in a very ill condic[i]on at the late Surgeons [Jeremy Higgs] death'<sup>222</sup>. Although Higgs's wife, Mary, had been rewarded with a gratuity of £2 for supplying the service of her dying husband, in 1693, the surgeon she hired to replace him may not have been as 'Skilfull' as she had claimed and as the Court had accepted<sup>223</sup>.

The majority of surgeons, however, seem to have been hard working and (in so far as any contemporary surgeon could be) able, although they tended to evaluate their treatment primarily in numerical and financial terms, rather than in terms of its efficacy. As did the ancillary staff (see chapter 5), many medical officers complained of the multiplying numbers of patients and the smallness of their salaries. Yet, while the Surgeon, John Wheeler, claimed (if, in rather inflated terms):- to have 'annually blooded abo[u]t a thousand in & out patients belonging to both hospitals'; & found Medicines plasters & Ligatures at his own charge', he also claimed to have 'cured near a hundred every year of Ulcers Fractures Mortifications & c'<sup>224</sup>. Indeed, Wheeler's boast was supported by the Physician, Richard Hale, who certified that the Surgeon 'hath given constant attendance & hath done many Chirurgical operations & cured more patients on extraordinary accidents of Mortifications Ulcers & other Sores than formerly has been done', and Wheeler was rewarded with an annual gratuity in recognition<sup>225</sup>.

As already outlined in chapter 3, the innovative appointment of a nurse at Bethlem, on the recommendation of Edward Tyson; to look after all patients 'as shall happen to be ill of other distempers besides lunacy and such who cannot helpe themselves with their Dyett'; was one of a number of initiatives during the period which slowly extended the hospital's provision for bodily ailments<sup>226</sup>. The Steward's Accounts present a running journal of the special attention accorded 'physically' sick patients by the Nurse, and her regular supply with money, provisions and 'other necessaries', which she, medical staff or the Governors, had deemed appropriate

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<sup>222</sup> *Ibid*, 19 Dec. 1694, fol. 415.

<sup>223</sup> *Ibid*, 7 April 1693, fols 234-5.

<sup>224</sup> *Ibid*, 10 Jan. 1718, fol. 319.

<sup>225</sup> *Ibid*, 14 Feb. 1718, fol. 324.

<sup>226</sup> *BCGM*, 16 Dec. 1692, 13 & 27 Jan. 1693, 15 March 1700, fols 213, 217, 219 & 356; *BSCM*, *passim*.

(including the hire of 'a Midwife' for the odd pregnancy)<sup>227</sup>. The most common items provided for sick patients were 'Stale Beer & Wyne', which were standardly employed either as simple tonics, or for dressing and poultices for wounds<sup>228</sup>. The establishment of an infirmary at the hospital in 1741-2 at the instigation of the Governor and apothecary, John Markham, and the Treasurer, Edward Holloway, enabled the sick to be segregated more efficiently from the rest of the patient population<sup>229</sup>. Designed 'for the Conveniency of such Patients as happen to fall sick of a Feavor or other Distempers', the infirmary is another sign that Bethlem was not as divorced as has been thought from modernisations taking place in contemporary hospital care. Comprising two rooms in one building 75 feet by 17 feet in size, capable of sleeping only six patients of either sex, however, a considerable number of very ill patients must have continued to reside in the ordinary wards<sup>230</sup>. The addition of another infirmary comprising 'Ten Cells or Appartments' for female patients, in 1753, was a salutary supplement to care of the sick at Bethlem<sup>231</sup>. After another quarter of a century, recognising that the men's infirmary was 'too small close & very inconvenient', the Committee ordered it relocated to the old drying room in the upper gallery<sup>232</sup>. At the *Madhouses Committee Enquiry*, however, staff admitted that the

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<sup>227</sup> See *BSA*, 5-12 Dec. 1724, & *passim*.

<sup>228</sup> The Governors justified the large quantities of alcohol consumed at the hospital on the grounds of its medicinal use as both a tonic & for the Surgeon to make 'poltices' with. For the orthodox recommendation of alcohol as a cordial by medical men, see e.g. Peter Shaw, *The Juice of the Grape, or Wine Preferable to Water* (London, 1724); Roy Porter, intro to his edn of Thomas Trotter's *Essay on Drunkenness* (1804). See, also, chaps 2 & 6, & *BSCM*, 12 March 1742, fol. 141.

<sup>229</sup> Rooms for sick men & women at Bridewell had existed since the seventeenth century. The inception of the idea for Bethlem was via the encouragement of benefactions, highlighting, once again, the intimate connection between charity & medicine in this period. It was first aired in the Governors' Minutes when Markham obtained a £100 benefaction for the purpose from an anonymous 'Lady' & the Treasurer acquainted the Court 'that he [also] had £100 in his hands to be applyed to the same purpose'. Erecting the infirmary was to cost about double this sum, however. For this & the following account, see *ibid*, 6 Oct. 1670, 30 July & 9 Sept. 1741, 17 Feb., 12 March & 8 Aug. 1753, fols 228-9, 108, 111, 137, 141, 120; *BGCM*, 24 Aug. 1753, in *BSCM*, fol. 366; *BSCM*, 11 Oct. 1753, fol. 375, 7 & 14 Feb. & 17 Oct. 1778, 23 Jan. 1779, 9 June 1781, 6 April 1782, 17 Sept. 1785, 7 Jan. & 17 April 1786 & 20 Aug. 1791; & *LEP*, No. 2230, 23-25 Feb. 1742.

<sup>230</sup> Having originally been planned to be installed in the upper gallery, with each room measuring 30 ft. by 13 ft., the Governors ultimately decided to exploit the east end yard, 'contiguous to the Washhouse'. While a more roomy & a better site for the containment of infection, this also meant a loss of exercise space for patients & considerable problems for servants carrying down & attending sick patients at such a distance.

<sup>231</sup> This was indeed located in 'the Upper Chequer'.

<sup>232</sup> The estimate accepted for this work was in the region of £200.

hospital's infirmaries were liable to be overcrowded and were amongst the foulest rooms in the building<sup>233</sup>. They can only be seen as inferior to those at the first building of St. Luke's, which were in two houses contiguous to the hospital<sup>234</sup>.

The infirmaries at Bethlem were also understaffed. Although the Bethlem Committee had recommended from the start that two extra servants should be employed so that 'the Patients in the Infirmary may be attended', the recommendation was soon reduced to a single extra maid servant, and ultimately, it was preferred to spare expense and rely on existing staff. The Governors attempted to reinforce the nursing of the sick in 1779, now the men's infirmary was more accessible, requiring servants to continue to attend those of their patients removed to the infirmaries; if only, in so far as medical officers thought it 'necessary'. It was another two years, however, before the need for any autonomous infirmary servant was at last accepted by the Governors<sup>235</sup>.

The Governors and medical officers were quite conscientious, nevertheless, in ensuring that patients with infectious (and chronic) diseases, were rejected from admission, or were promptly transferred to the appropriate hospital (or, occasionally, were sent home). They generally emphasised the curative objective of such a policy and made provision for patients' return to Bethlem once they had recovered from their 'bodily' disease<sup>236</sup>. Patients with minor physical ailments, on the other hand, were quite freely admitted and attended to at Bethlem, the Governors accepting a dual responsibility, as in the case of Abigail James, not just 'for Cure of her

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<sup>233</sup> *Madhouses Committee Report*, 1815, 1st Report, 36.

<sup>234</sup> *SLHCM*, 9 Nov. 1764; *SLGCM*, 6 Oct. 1764, 6 Feb. 1771, fol. 195.

<sup>235</sup> He was required to be constantly resident in a room specially fitted up for him at the end of the men's infirmary, & appears to have given a good account of himself, being awarded an annual gratuity of £5 p/a on the recommendation of the Surgeon, Richard Crowther, 'for his Diligence Care and Attention in the execution of his Office'; *BSCM*, 9 June 1781 & 6 April 1782.

<sup>236</sup> See e.g. cases of Robert Porter suffering from 'the foule disease' [i.e. V.D.] & ordered discharged to his friends 'for his mainten[an]ce & cure of his disease', in 1656; Elizabeth Fitzwater, certified 'fitt to be discharged' by Dr. Nurse, in 1649, but 'being lame and diseased', ordered sent to St. Barts 'for her cure'; Thomas Bridgefoot, admitted in 1711, but, after the Surgeon had informed the Committee 'of a Wound in his Legg w[hi]ch was Mortified', 'Rejected till the Wound be Cured'; Bridget Holybone, admitted on 27 March 1714, but dying on 6 Jan. 1716 at St. Barts after her transfer there, & Joyce Gulliford, rejected as 'weak and haveing a Leprocy upon her'. See *ibid*, 13 Jan. 1649, 7 May 1656, fols 370, 749-50; *BAR*, fol. 27. *BSCM*, 23 June 1711, 23 June 1716, fols 58, 224. The same policy was implemented at Bridewell; see e.g. *ibid*, 21 Feb. 1657, fols 791-2. Naturally, this cooperation between the London hospitals worked vice versa, St. Barts & many other hospitals transferring patients to Bridewell & Bethlem. See, e.g. cases of Amy Smith & Susannah Wilson, admitted to Bethlem, respectively, on 19 June 1685 & 27 Aug. 1715, *BCGM*, fols 83 & *BAR*, fol. 275.

Lunacy', but also for her 'sore legg'<sup>237</sup>. Indeed, the hospital's Governors and benefactors regarded such cases as so much a part of the relief Bethlem offered that they occasionally spoke of 'Lunaticks and others taken into the said hospital for Cure'<sup>238</sup>. Exceptionally, a diseased patient was actually retained until 'cured of her Lunacy' *before* being conveyed to another hospital 'to be cured of her diseases'<sup>239</sup>. By the eighteenth century, out-patients, too, might receive surgical assistance at the hospital's charge<sup>240</sup>. Often, however, staff had failed to detect 'Wounds and Sores' on patients' bodies, or patients' 'Friends Neglect[ed] to give Notice' of them, at the time they were admitted, with obvious ill consequences for the condition of the injury (and for the expenses of the hospital). It was not until 1778, in an effort to meet this neglect, that servants were instructed 'that every Patient on his or her admission be stripped and Examined...in the presence of their Friends and if Necessary that the Surgeon of the Hospital have Immediate Information'<sup>241</sup>.

Smallpox, furthermore, was a considerable scourge upon the hospital's inmates, and the Governors and officers of Bethlem were rather slow in taking the preventative and quarantining measures being instituted at other contemporary hospitals<sup>242</sup>. Sufferers amongst the patients were retained at the hospital until the latter eighteenth century. From early on in the century, they were clearly placed under the special care of the Nurse<sup>243</sup>, yet there is little indication of diseased patients being isolated in their cells, or of any other quarantine procedure, nor of inoculation being employed at Bethlem, while the hospital was far from efficient in excluding

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<sup>237</sup> *Ibid*, 27 May 1663, fols 48 & 50.

<sup>238</sup> *Ibid*, 23 Nov. 1716, fol. 245, will of Richard Taylor, brother of the Treasurer to the hospitals, John Taylor.

<sup>239</sup> See case of Alice Pye, ordered admitted to Bethlem on 23 Dec. 1673, & ordered continued on these grounds c15 weeks later, before being transferred to St. Thomas's. *BCGM*, 6 April 1671, fol. 288.

<sup>240</sup> E.g. case of Thomas Smith, 'an Out Patient', described as 'Very poor', who was allowed 'a Truss for a Rupture' for which he stood 'in great want'; *BSCM*, 1 Jan. 1726, fol. 252.

<sup>241</sup> *BSCM*, 19 Sept. 1778.

<sup>242</sup> St. Luke's, e.g., from 1769, made provision for the nursing of patients with smallpox 'out of the House' & ordered that the friends of any patient with smallpox be notified. Patients were not sent to the London Smallpox Hospital, however, until the later 1770s. See *SLHCM*, 19 May, 16 June & 15 Dec. 1769, 22 May 1772, 5 June 1795 & also 24 Oct. 1766, re. death of a hospital servant from smallpox.

<sup>243</sup> Most of the time the hospital's minutes fail to specify the exact nature of patients' sicknesses. See, however, *BSA*, 10-17 April & 15-22 May 1731, fols 482 & 487, where the Nurse is being paid an allowance of 8/ a week for at least 3 patients with smallpox.



sufferers on admission. Only from the 1740s, could such patients be sectioned off partially in the new infirmary. Untold and ultimately unknowable 'Numbers of Patients' (as cause of death was too rarely recorded in the Admission Registers) had 'Annually Die[d]...of the Small Pox' at Bethlem. No 'means', however, 'of preventing the spreading of that disorder' were sought by the hospital until the last quarter of the eighteenth century. Although the London Smallpox Hospital had opened in the capital in 1747, it was only in 1778 that a subscription was made to it by the Bethlem Governors so that patients so afflicted could be transferred<sup>244</sup>. Nevertheless, in acquiring the assistance of the Smallpox Hospital, at least, Bethlem was not so far behind other metropolitan institutions. In addition, as I have already stated (chap. 3), the ordinary confinement of patients in single cells, must itself have limited the susceptibility of Bethlem to the fevers and contagions which assaulted most general hospitals and prisons. Bethlem's Admission Registers give scant indication of any obvious, major epidemic afflicting the patient population in this period. The country furloughs permitted feverish patients and staff must also have helped to restrict the exposure of the hospital's population to disease<sup>245</sup>, although this was never a stringently coordinated policy at Bethlem, nor was it ever articulated explicitly as a method of quarantine.

Medical treatment applied at Bethlem has especially been criticised by historians for the indiscriminate and violent way in which it was applied. I would not seek to dispute the standard and incontrovertible assessment that Bethlem remained wedded to a routine course of evacuative and antiphlogistic treatments, which without doubt were not only ineffective, but were occasionally, positively harmful, to the patients who experienced them. Just how routine doses were, is suggested by the lack of any mention in the Governors' Minutes of the precise nature of medicines administered at the hospital<sup>246</sup>. When, in 1718, the Surgeon touted the phlebotomy

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<sup>244</sup> This action seems to have been initiated by the Committee alone, rather than by any medical officer, although it may be that the Committee was acting on the Surgeon, Richard Crowther's advice. It was at the Committee's request that Crowther had attended the Treasurer of the Smallpox Hospital and struck a bargain for the transfer of Bethlem patients, with the customary carrot of a 10 guineas p/a subscription. See *BSCM*, 30 May 1778, 5 June 1779 & 28 Oct. 1780. For the difficulties of, and the methods employed by, other hospitals dealing with smallpox at this time, see e.g. Peter Razzle, *The Conquest of Smallpox* (Firle, 1977); Derrick Baxby, *Jenner's Smallpox Vaccine* (London, 1981); Francis M. Lobo, 'John Haygarth, smallpox and religious Dissent in eighteenth-century England', in *The Medical Enlightenment of the Eighteenth Century* (Cambridge, CUP, 1990) (eds), Andrew Cunningham & Roger French, 217-53; John Woodward, *To Do The Sick No Harm*, 52-3, 55, 65-6, 133, 146 & 181; Guenter B. Risse, *Hospital life in Enlightenment Scotland. Care and teaching at the Royal Infirmary of Edinburgh* (Cambridge, CUP, 1986), 86, 131, 135-6 & 168-9.

<sup>245</sup> See *BSCM* & *BARs*, *passim*.

<sup>246</sup> It is not until 1679 in the seventeenth century that I have found any reference to the Surgeon's standard duty 'of letting them [the patients] blood'; *BCGM*, 10 July 1679, fol. 98.

he had performed, his quantifying of the operation in terms of 'a thousand in & out patients belonging to both hospitals' a year, gives some idea of its uniform regularity<sup>247</sup>. There is no doubt that 'certain days were fixed for...medical operations' at Bethlem; nor, indeed, that medicines were applied to most patients virtually without distinction and only (by the latter eighteenth century) during the spring and summer seasons; while incurables received (practically) no medical treatment whatsoever<sup>248</sup>. While the 1741 poem, allegedly penned by a patient, claimed that<sup>249</sup>:-

The Physick's mild, the Vomits are not such;  
But, Thanks be praised of them we have not much:  
Blooding is wholesome, and for the Cold Bath,  
All are agreed it many Virtues hath.

most patients who expressed an opinion gave an assessment quite to the contrary. Just as James Carkesse poured contempt on the '*Purges, Vomits, and Bleeding*' he received under Thomas Allen's care, at both Finsbury Madhouse and Bethlem, in the 1670s, Alexander Cruden, denounced the 'common Prescriptions of a Bethlemetical Doctor' he was subjected to under the private care of both James and John Monro, in the 1730s and 50s<sup>250</sup>. Carkesse regarded Allen's '*Phisick*' as worse than 'all darkness, chains, and keepers blows'. For such patients, their medicine was merely 'Hellish' or 'Mad *Physick*' and the practitioners who attended them merely 'Mad-Quack[s]'. Indeed, it is little wonder so many patients rejected contemporary physic as 'poison', when its operation was often so uncomfortable, painful and debilitating, producing voiding from both stomach and bowels, scarification, sores and bruises. Dosages were so uniform for the insane; and the insane themselves looked upon as so innately averse to, and ignorant of, what was good for them; that medical men frequently did not even bother to examine them first. While Carkesse complained that Allen did not even deign 'to feel his *Pulse*' before drenching him, and, having visited him only 'once' 'in a Month', had no idea 'how my Mad *Physick* has wrought'; Cruden similarly alleged that Monro prescribed for him 'six days before he had seen

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<sup>247</sup> *BCGM*, 10 Jan. 1718, fol. 319.

<sup>248</sup> Bowen, *Historical Account*, 11; *Madhouses Committee Report*, 11 July 1815, summary report, 4; 1815, 1st Report, esp. 15, 26, 42, 93, 95, 99-100, 103, 105, 107; 1816, 1st Report, 39, 41, 47-9; Andrews, 'Incurably insane'.

<sup>249</sup> See *Bethlem A Poem*, in Appendix 4a.

<sup>250</sup> For this discussion, see Carkesse, *Lucida Intervalla*, esp. 9, 12, 14-15, 20, 23, 30, 32, 39-40, 52, 62; Cruden, *The Adventures of Alexander the Corrector* (London, 1754); *The London-Citizen Exceedingly Injur'd: or a British Inquisition Display'd* (London, 1738); *Mr Cruden Greatly Injured...* (London, 1739).

him', and had not even enquired 'about the operation of his physick'<sup>251</sup>. Likewise, according to the Rev. John Wesley, when summoned privately to attend the young Peter Shaw (who was suffering from 'uneasiness' after hearing one of Wheatley's sermons), James Monro was so prejudiced and complacent as to prescribe 'without asking any questions', after merely examining the young man's tongue and having heard from whom he came<sup>252</sup>. Furthermore, or, rather, as Wesley and other contemporary and more modern observers have alleged, the 'Bethlemetical' bleedings and blisters applied to such patients, were administered so liberally and for such a duration, as to enervate patients to the point where not only their health, but their lives, were endangered<sup>253</sup>. It was not until 1750 that the Bethlem administration enquired into or even questioned 'the Goodness of the Medicines Administred to the Patients and whether any and what Alternatives are proper to be made', and even then they seem only to have been worried about the composition, rather than the efficacy, of medicaments<sup>254</sup>.

At Bethlem, medicine was administered by staff, rarely, it seems, under the direct supervision of medical officers, with the result that it was sometimes given, particularly if a patient resisted, in a punitive or even brutal manner. Not until 1772 was the Apothecary (or any medical officer) required to 'attend the Administration of the Vomits and the Purges on the Days appointed for them and see they are properly Administred to the Patients'<sup>255</sup>. Whitefield's account of how Joseph Periam was treated in Bethlem, when 'unwilling' to take his medicine, by staff who clearly harboured a certain antipathy for religious dissenters, is perhaps not untypical. According to Whitefield:-

'four or five took hold of him, cursed him most heartily, put a key in his mouth, threw him upon the bed, and said..."You are one of Whitefield's gang"<sup>256</sup>.

Similar methods were employed by Bethlem Physicians in their private practices (*vide* Richard Hale's treatment of Mrs Clerke), the force necessary to apply such drenchings sometimes causing

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<sup>251</sup> Carkesse, *Lucida Intervals*, 14; Cruden, *London-Citizen*, 16 & 23.

<sup>252</sup> Wesley, *Journal*, in *The Works*, vol. ii, 52.

<sup>253</sup> Wesley alleged that, on Monro's orders, Shaw was 'blooded...largely, confined...to a dark room, and...a strong blister [put] on each of his arms, [and]...over his head'; that treatment was sustained 'for six weeks' entirely 'in vain' & that Shaw was left 'so weak he could not stand alone'.

<sup>254</sup> *BCGM*, 12 April 1750 & 8 May 1750, fols 444 & 446.

<sup>255</sup> *BCGM*, 25 June 1772, fol. 359.

<sup>256</sup> *George Whitefield's Journals* (ed.) Wale, 256.

physical injury to patients.

One must be cautious, however, to recognise the bias and exaggeration in such accounts and to see medical provision at Bethlem in a balanced perspective. The Methodists were themselves openly hostile to the regime at Bethlem, dominated by a governing board of staunch Anglicans<sup>257</sup>. Carkesse was clearly a very difficult patient, proud of leading his physician, surgeon and apothecary, a furious 'Dance' in their attempts to dose and bleed him. Allen obviously believed that Carkesse was stubbornly resisting all sincere efforts to cure him. Patients' treatment was not, even at Bethlem, solely in the control of those to whom their care was entrusted, but was partially negotiated with relatives, friends or other obligors. Periam's father, having initially agreed to remove him 'on condition Dr. Monro and the committee were of his opinion', vacillated temporarily, wondering if it would be better for him 'to stay the summer, and to take physic twice a week, fearing a relapse'<sup>258</sup>. As this account suggests, dosages were far from simply uniform, but might be varied, reduced or increased, according to the patient's condition. The Governors had been responsive enough to the need for diagnosis (and of their physicians' tendency to avoid it), in the seventeenth century, to instruct Thomas Allen, on his election in 1667, to 'be careful to see and speake with every Lunatike before hee p[re]scribeth any physicke for him from tyme to tyme'<sup>259</sup>. Some medicinal items, like 'strong drinks', were especially supposed to be taken on a discretionary basis, subject to the Physician's approval<sup>260</sup>. Most contemporary physicians, the puritanical Battie included, advocated 'wine, and even vinous spirits' for their 'soporific and anodyne virtues' (as Battie put it) to 'procure' for the acutely distressed patient a 'tranquillity and happiness, to which they have long been strangers'<sup>261</sup>. Most contemporary practitioners recognised that medicine needed to be adjusted to the particular bodily constitution of the individual patient, and the medical officers of Bethlem were no different in this respect. By the beginning of the eighteenth century, on being examined by the Physician and Sub-Committee, patients were regularly being rejected or discharged if deemed 'too weak to un-

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<sup>257</sup> Obviously, the conflict between the Methodist's view of religious enthusiasm and that of the mad-doctors and other orthodox opinion is more complex than this, and requires a deeper analysis than is feasible here. For a beginning, see Macdonald, 'Insanity and the realities of history in early modern England', in *Squibb Lectures*, 60-81, & Porter, *Mind-Forg'd Manacles*, esp. 62-81.

<sup>258</sup> Whitefield, *Journals*, 264.

<sup>259</sup> *BCGM*, 26 June 1667, fol. 53.

<sup>260</sup> See e.g. *BCGM*, 12 June 1657, fol. 817.

<sup>261</sup> *Treatise*, 90-91.

dergo a Course of Physick'; or, if there was any doubt, were being admitted 'on trial', to *assess* whether they were 'capable' or 'strong enough'. The early Sub-Committee Minutes, extant from 1709, provide an almost continuous record of this policy in action<sup>262</sup>. That patients had to be discharged from the hospital for fear that they 'will dye in a short time if they are continued' may be an indication of just how enervating contemporary 'physicking' could be. Yet, moreover, this suggests what a poor condition some patients were in when admitted and how the hospital was exercising an increasing selectivity aimed at reserving its cells for those patients who might reap most benefit<sup>263</sup>. John Monro was self-avowedly appreciative of the need to keep up patients' strength when 'under a course of physick' and not to carry 'evacuations...beyond the patient's strength' or give them too quickly<sup>264</sup>. On the other hand, there is only limited evidence to contradict the view that the majority of patients were treated with the same course of medicine, at the same time.

Relapse had long been recognised as a problem at Bethlem, although it was not until the latter seventeenth century that the hospital and its physicians made a concerted effort to squarely confront the problem. Periam was certainly not the first patient for whom a policy of continued treatment to ensure a sustained recovery had been recommended. It was for this reason and apparently on the advice of Thomas Allen, that, in 1682, the Governor Captain Clarke desired that his brother be retained in Bethlem, although evidently 'recovered', 'till the season of the yeare is cooler for feare hee shoud relaps'<sup>265</sup>. Likewise, the conscientious and sympathetic way in which the Governors dealt with the case of Anne Kingston, who testified before the Court to her own recovery in November 1681, does not easily accord with the customary view of the hospital's medical regime. The Board (presumably fearing a relapse) ordered that she be 'continued sometime longer', 'being now in a course of physick', while in the meantime she was to write to her friends 'that they may know what condition she is in & take care of her for the future'<sup>266</sup>. The Sub-Committee Minutes register repeated instances when patients were ordered continued at Bethlem for brief periods of weeks or months, although I have found little to justify the as-

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<sup>262</sup> See e.g. *BSCM*, 23 June 1711, 7 Nov. 1713, 17 Sept. & 3 Dec. 1715, 30 June 1716, 20 July & 24 Aug. 1717, 10 May 1718, 17, 17 Jan. 1719 & 30 Nov. 1723, fols 58, 137, 198, 204, 225, 264, 267, 13, 34 & 189.

<sup>263</sup> See e.g. *Ibid*, 23 June 1711, 1 Nov. 1729, fols 58, 29.

<sup>264</sup> *Remarks*, 39 & 57.

<sup>265</sup> *Ibid*, 1 & 22 Sept. 1682, fols 326 & 328.

<sup>266</sup> *Ibid*, 18 Nov. 1681, fol. 268.

section of Teresia Constantia Phillips, in the mid-eighteenth century, that *all* recovered patients were required by the rules of the house to undergo a set period of relapse-prevention 'quarantine' prior to their discharge<sup>267</sup> Under the guidance of Edward Tyson, the hospital's rather extemporaneous relapse policy was coordinated into a coherent provision, with the establishment of a facility for 'out-patients phisick' at the very outset of the eighteenth century. On Tyson's advice that 'patients who have been Cured of their Lunacys in...Bethlem being poore and not able to procure themselves a little necessary Phisick at the Spring and fall of the yeare for want thereof many...have relapsed...and become Patients again...to the [hospital's] great Charge'; the Governors made arrangements for them, on 'Applicacon to the weekly Com[m]ittee', to be able to obtain such 'Phisick' at the hospital's expense<sup>268</sup>. Tyson, himself, procured a first instalment of £50 'for Phisick & Medicines' from an anonymous benefactor, while, eight years later, the Governors displayed admirable discretion in reverting to a former draught of Tyson's will so that the physician's legacy of £50 p/a to the hospitals of London could be partially employed to consolidate the out-patients' facility<sup>269</sup>. If Tyson and the Governors rather misconceived the problem in terms of economic constraints and antique theories concerning the seasonality of mental illness, and if their precautions were virtually ineffective; this should not be allowed to obscure the innovative and therapeutically orientated nature of their initiative, in its proper context. Indeed, it helps further to clarify the positive rationale behind the determination of Bethlem and other contemporary hospitals to reduce the costs of medicine and medical provision, in general, during the period. Out-patients now became a standard and significant part of the relief that Bethlem offered. <sup>270</sup>.

Indeed, Bethlem, largely through Tyson's initiative, became something of a pioneer in after-care for the mentally-ill. The hospital's dispensing facility was supplemented by adherence to another clause in Tyson's will. This gave the Physician and Committee a discretionary power to allow any patient discharged 'cured' from the hospital and 'known to be very poor and

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<sup>267</sup> Phillips, *An Apology*, 88-9.

<sup>268</sup> *Ibid*, 26 April 1700, fols 366-7.

<sup>269</sup> The interest on the annuity was payable on a rotational basis whereby having enjoyed it for 2 years, it devolved onto St. Barts for another 2 years, & then onto St. Thomas's & Christ's for a further year each, before returning to Bethlem. It was prudently invested by the hospitals' governors in stock. Tyson had failed to direct how he wanted this annuity to be disposed of in the final version of his will. The draught utilised by the Governors was dated 1705 & was 'found amongst the D[octo]rs papers after his death'. See *ibid*, 3 Sept. 1708, fols 435-6; BAA, 1708-68, esp. fol. 13, & *P.C.C. Prob.11/502*, q.n. 176, fols 333-5.

<sup>270</sup> See e.g. *BCGM*, 10 Jan. 1718, fol. 319; *BSCM*, 1 Jan. 1726, fol. 252; Bowen, *Historical Account*, 14.

unprovided for', with 'a sune of money not exceeding 40/ [henceforth, normally referred to as 'Tyson's Gift']...towards their present subsistence or finding them Cloths'<sup>271</sup>. In fact, this policy had already been adumbrated at Bethlem by the Governors, during the seventeenth century, although in a less coherent and comprehensive way, with the occasional dispensing of doles, travelling expenses and clothing on patients' discharge<sup>272</sup>. By in large, of course, this was little more than alms giving and good public relations for the hospital, and the great majority of patients were discharged without a penny. There seems little need, however to demean the motives or utility of this charity, and occasionally the Committee may be seen to be looking further, with such doles, than material expedience. While money was normally spoken of as simply for clothing or travelling expenses, the Governors exceptionally spoke of putting patients 'in a way to gett a Livelyhood'<sup>273</sup>. According to entries I have collected in the Sub-Committee Minutes, during the twenty years 1710-1730, £80 was spent relieving 70 patients out of Tyson's Gift in this way, and patients continued to receive this alms throughout the period. Clearly, female patients were looked upon more sympathetically by the Governors than males, 49 of those relieved being women, and one may presume that some sort of unspoken judgment was being made by the Governors as to the greater difficulties facing poor women seeking to provide for themselves<sup>274</sup>. Bonds for the support of patients in Bethlem also carried a clause concerned with patients' after-care, requiring obligors to collect and provide for patients subsequent to their discharge (see *infra*, chap. 6.).

Bethlem increasingly recognised a continuing responsibility towards its own cases, gradually extending a guarantee of readmission to former patients discharged 'cured' from the hospital, should they relapse and reapply<sup>275</sup>. Incurables admitted to Bethlem from 1728 were exclusively supposed to be 'such Patients as have been in Bethlem Hospital', and 'by Tryall' and 'examination' there 'appear...incurably mad mischievous and ungovernable', although, from the latter

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<sup>271</sup> *BCGM*, 3 Sept. 1708, fol. 436.

<sup>272</sup> See e.g. *ibid*, 22 Aug. 1638, 16 Feb. 1659, 22 Oct. 1662, 20 Jan. & 1 July 1664, 23 June 1670, 6 Dec. 1672, 18 April 1674, 7 Sept. 1683, fols 193, 107-8, 19, 88, 102, 209, 463, 630 & 390-91, cases of Frances Dermot, Elizabeth Howell, Elizabeth Bradley, William Toote, Daniel Neave, Henry Scrumpshore, William Landy, Jane Deakin.

<sup>273</sup> See e.g. *BCGN*, 7 Sept. 1683, fols 390-91; *BSCM*, 3 June 1710, fols 22

<sup>274</sup> Occasionally, such women were actually referred to as 'Spinster', & undoubtedly their status must have had a bearing on their eligibility for the gift. See e.g. *BSCM*, 18 Oct. 1735, fol. 344.

<sup>275</sup> See e.g. *BCGM*, 29 July 1692, fols 189-90, case of Elizabeth Long.

part of the century, the Board consented also to accept those discharged 'uncured' or 'incurable' from St. Luke's and other lunatic hospitals<sup>276</sup>. Out of a widening commitment to after-care; an enhanced appreciation of the need for early admission and treatment in cases of insanity; and a realisation of the amount of time incurables were spending on the waiting list for admission; incurables who had recovered but subsequently relapsed were, from 1772, given 'precedence' over 'any other patient on the [waiting] List'<sup>277</sup>. At the end of the century, John Haslam claimed that the majority of former patients who relapsed were returned to Bethlem<sup>278</sup>. Bowen described, in 1783, how recovered patients had continued to be 'encouraged to apply occasionally to the medical officer', not only for 'such medicines' but for 'such advice', 'as are proper to prevent a relapse'<sup>279</sup>. Nevertheless, the experience of the hospital's medical officers encouraged a realistic attitude to cure and relapse, which at times bordered on pessimism. John Monro pronounced madness 'a complaint the most liable to a relapse even when the cause is known'<sup>280</sup>.

Seasonality had long been regarded as an important influence on the lunatic, the 'dog days of summer' being conceived as a particularly dangerous time for the 'hot-headed' or 'hot-blooded' patient. Indeed, historians have failed adequately to appreciate the depth of theoretical support for, and the resilient vitality of, such notions in the early modern period. Authorities from Burton, to Cheyne, to Mead and Battie, regarded seasonal and climatic influences, including, of course, the sun and the moon, as of considerable importance in both the symptomatology and the cure of mental disorders. Cheyne referred to the 'Spring and Fall' and 'Midsummer to Midwinter', as 'the well half of the Year', while 'Midwinter to Midsummer' was the 'bad half'<sup>281</sup>. William Battie not only shared the traditional preference of physicians for treatment

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<sup>276</sup> *Ibid.*, 12 July 1728 & 19 July 1739, fols 153 & 63; Bowen, *Historical Account*, 13, & Andrews, 'Incurably insane'.

<sup>277</sup> see e.g. *BSCM*, 18 Jan. & 22 Feb. 1772.

<sup>278</sup> *Observations on Insanity* (1798), 109.

<sup>279</sup> Describing out-patient provision in 1720 on Tyson's information, Strype claimed the medicines given 'had been of great use to these poor Creatures', and hoped that 'so necessary a Charity and useful' would continue to be supported by benefactors. Although no subsequent benefactor seems to have given money explicitly for this purpose, the facility continued to operate on the funds of the charity for the duration of the period. See Strype's edn of Stow's *Survey of London*, 196-7; Bowen, *Historical Account*, 14. See, also, *The Royal Magazine*, vol. v, Aug. 1761, 60.

<sup>280</sup> *Remarks*, 25.

<sup>281</sup> Cheyne, *The English Malady*, 198. See, also, Burton, *Anatomy of Melancholy* (ed.), Faulkner, Kiessling & Blair (Oxford, Clarendon, 1989), vol. i, esp. 200-201, 374, 378; Mead, *A Treatise concerning the Influence of the Sun and Moon upon Human Bodies and the Diseases thereby produced*, trans. Thomas Stack (London, 1748), &



conducted in 'the spring or autumn, as being in neither extreme of cold or heat', but believed that 'Insolation' (or over-exposure to the sun) was a significant cause of madness<sup>282</sup>. Not only the poor lunatics of Bethlem, but the sick in general, including an 'abundance of people' at contemporary infirmaries, and 'many' 'well-to-do patients...were bled as a matter of routine every spring and autumn'<sup>283</sup>. Monro's glib dismissal of such theories, asserting that 'the success of medicine in cases of this kind, does not depend on the season of the year', is, on the other hand, decidedly at odds with the practice at Bethlem which he passed down to his son<sup>284</sup>.

Tyson's comments about out-patients suggest that dosing was favoured under his physicianship during 'Spring and fall', rather than spring and summer (as was subsequently to be the case at Bethlem under the Monros), while I have found little evidence that this preference was translated before the eighteenth century into any rigid suspension. Adherence to a stricter system whereby medicine was suspended during the colder months, as described in the *Madhouses Committee Enquiry*, was evidently a gradual evolution at Bethlem. Aimed at preserving the bodily health and strength of patients, it can be seen as an attempt to improve patient care at the hospital, however limited and makeshift. Likewise, while depriving incurables of medicine was partly an admission of failure and partly an economy measure, it was also (as I have argued elsewhere)<sup>285</sup> a curative policy aimed at targeting those recent and acute cases considered more amenable to relief. Incurables were still granted the opportunity of a naturopathic recovery, or of further medical intervention, should their conditions show signs of any change.

In forcibly, or otherwise, bleeding, vomiting, purging and blistering patients, there is little evidence that the medical officers of Bethlem were doing anything more than what they thought was best, on the presumption 'that some good is to be procured by the operation of medicines on persons so affected'<sup>286</sup>. Nor, prior to the latter half of the eighteenth century, was there

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*infra*.

<sup>282</sup> *Treatise*, 36, 47, 63 & 99. Humoural medicine had viewed the human mind-body as a kind of barometer of climatic changes and many of its principles were easily adapted to early modern medical theory. A recognition of seasonal influences on mental & bodily health suffused early modern language, & Battie mentioned only a few of the commonly held susceptibilities designating moods & constitutional dispositions:- 'black November days,...easterly winds,...heat, cold, damps, & c'.

<sup>283</sup> See Holmes, *Augustan England*, 232; *Bristol Infirmary Biographical Memoirs*, cited in, Irvine Loudon, 'The nature of provincial medical practice in eighteenth-century England', 25, in *Med. Hist* (1985), vol. 29, 1-32.

<sup>284</sup> *Remarks*, 56.

<sup>285</sup> See Andrews, 'Incurably insane'.

<sup>286</sup> See Haslam, *Observations*, 316.

a great deal of cause for practitioners to doubt this presumption. The prevailing attitude at Bethlem to patients as stubborn objects, resisting all efforts at cure, had, however, remained essentially unchanged. At the beginning of the nineteenth century, the Bethlem Apothecary, John Haslam, described the forced-dosing procedure employed at the hospital rather more clinically and pragmatically than had Whitefield, and advertised with some pride how he had developed a new model for the key which always achieved the desired end and with much less damage to the patient's mouth and teeth<sup>287</sup>. Medicinally, the Bethlem regime had remained staunchly conservative, wedded to a mode of treatment and a paradigm of insanity, which, during the latter eighteenth century, was being so steadily eroded by a growing professional and public sensibility won over by the more appealing and optimistic approach of Battie and the moral managers, that sustaining it ultimately produced a scandal. The problem with medicine at Bethlem was not so much the overdosing of patients, as that (as one servant put it in 1816), 'they have very little physic given them' either 'for their corporeal or mental diseases'<sup>288</sup>. While both John and Thomas Monro accepted that 'management' was the most important thing in the treatment of madness, management served as an excuse for the Monros for apathy with regard to the use and development of medicines<sup>289</sup>. John Monro's reaction to Battie's criticisms of evacuative and 'shock' therapies in the 1750s was not merely dismissive, but, as historians have often concluded, was complacent and narrow-minded. While, half a century later, John Haslam paid lip-service to moral therapy in published works, its essential ethos, stressing self-esteem and volitional cure, had made little immediate, practical, impact on the hospital.

Yet Monro's *Remarks* was a good deal more than the defence of his father/predecessors that some historians have dismissed it as, while Battie's *Treatise* was a good deal less than the radical departure it has been characterised as. It is often forgotten that Monro gave quite clear outlines on the 'management' of the insane, many of which represent a considerable softening of the old Willis-type prescriptions. Although emphasising the need for obedience from the insane and of gaining authority over them, Monro also stressed that they should be 'talked to kindly'; 'used with the greatest tenderness and affection'; preserved from that which might add 'to the misery

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<sup>287</sup> *Ibid.*, 316-20.

<sup>288</sup> *Madhouses Committee Reports*, 1816, 1st Report, 92.

<sup>289</sup> Thomas Monro's self-condemnatory attempt to extricate himself from the implications of the Madhouses Committee Enquiry, in 1815-16, is very familiar to psychiatric historians. He admitted merely to having inherited the mode of treatment he pursued from his father and to knowing 'no better', yet believed that while medicine was necessary, 'the disease is not cured by medicine', but 'by management' (and thus had made no efforts to improve or dispense with medicine. See *op. cit.*, 1815, 1st Report, 95 & 99.

of the unhappy patient' and that 'we should endeavour in every instance to gain their good opinion'<sup>290</sup>. There was not the simple and absolute disjunction that Hunter and Macalpine posited between a 'routine of coercion and physicking' at Bethlem, and ' "regimen" and "management" ' at St. Luke's<sup>291</sup>. In taking as the rubric of his section on '*The Regimen and Cure of Madness*' 'the saying of a very eminent practitioner in such cases *'that management did much more than medicine'*', Battie was evidently quoting directly from the mouth of James Monro, as indeed John Monro recognised<sup>292</sup>. Bethlem had been practising, and primarily relying upon, regimen and management, for over a century prior to the arrival of Battie and St. Luke's on the scene (see chap. 3, *supra*). While Battie called his approach to insanity 'rational' (with a mind, no doubt, to philosophical discursive tradition), and the same term was adopted by Hunter and Macalpine in their critique of his *Treatise*, it is by no means clear what meaning, if anything, this term can have as a definitive assessment. Monro clearly felt that the term better described his own stance towards Battie and mental illness, and few contemporary medical theorists of the Enlightenment would not have claimed that their approaches were 'rational'. Monro actually criticised Battie, and with valid grounds, for the illogic, contradiction and irrationality, of some of the arguments he employed and the pointlessness of much of his metaphysical theorising<sup>293</sup>. With regard to treatment; in accepting that Monro's view of madness as 'vitiating judgment' made 'violent treatments' a prerequisite for its cure, Hunter and Macalpine merely echoed Battie's account of the 'rougher' antiphlogistic remedies advocated by many contemporaries. Monro denied that vomits were either shocking or violent. Nor, in continuing to espouse '*vomiting*' as 'infinitely preferable to any other [evacuation]' (if '...judiciously administered'), was Monro as far removed from the milder prescriptions for nervous and mental diseases prescribed by physicians like Cheyne, as historians have maintained. Cheyne declared that there was 'no more universal and effectual Remedy...than gentle Vomits suited to the Strength and Constitution of the Patient'<sup>294</sup>. Monro agreed with Cheyne and Battie that medicaments and therapies should not be applied 'indiscriminately' or 'too strong', and that evacuation should be 'determined by the constitution of

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<sup>290</sup> *Remarks*, 38, 40.

<sup>291</sup> *Ibid*, 11. Furthermore, while St. Luke's may have been 'held up as a well conducted institution' at the 1815/16 Commons enquiry, as the authors stated, it certainly did not get away without criticism from this enquiry.

<sup>292</sup> *Treatise*, 68; *Remarks*, 35.

<sup>293</sup> See *Treatise*, 6, 70; *Remarks*, 16-19, 25, 28, 34-5, 49.

<sup>294</sup> See Hunter & Macalpine, intro. 14; *Treatise*, 97-99; *Remarks*, 50-51, & Cheyne, *English Malady*, 206.

the patient', and claimed that, not only Battie, but no one, believed 'bleeding the constant and adequate cure of madness'<sup>295</sup>. As already indicated, Bethlem Physicians during this period were not entirely in agreement with each other over the efficacy of the remedies available to them. While for example, Hale had been content to employ blisters upon his private patients (and presumably those of Bethlem as well), John Monro averred 'never' to have seen 'the least good effect of blisters in madness'<sup>296</sup>. Battie, on the other hand, was a long way from denying vitiation theories out of court. His notions concerning 'laxity', 'obstructions' and 'congestion' meant that fundamentally it was through degrees of vitiation that the 'nervous substance' was so affected as to induce madness, while he conceded that 'Consequential Madness' would become 'Original Madness', once the 'nervous substance' was 'essentially vitiated'<sup>297</sup>. The four principles of his medicinal therapeutics; 'Depletion', 'Revulsion' 'Removal' and 'Expulsion', had long been applied by contemporary practitioners<sup>298</sup>. Monro regularly responded to certain of Battie's passages by stating that he had found 'nothing new' in them, and indeed much of what Battie said was thoroughly traditional<sup>299</sup>. Few physicians would have disputed, for instance, that 'the stomach, intestines, and uterus, are frequently the real seats of Madness'; that madness could be caused by passions provoking a rush of blood to the brain, over-studying, venery and its concomitants, and 'frequently succeeds or accompanies Fever, Epilepsy, Child-birth, and the like', or that alcohol was a particularly common provocation of 'the crowds of wretches that infest our streets and fill our hospitals'<sup>300</sup>. Battie was sharply criticised by Monro for having taken on board the antique therapeutic doctrine of substituting one extreme sensation for its opposite, especially of employing fear to cast out irrational anger<sup>301</sup>. Indeed, the celebrated passage so often quoted by historians from Battie, where the doctor optimistically declares 'that Madness

<sup>295</sup> Both Cheyne & Battie, however, expressed much deeper reservations about bleeding; *Treatise*, 94, 96; *Remarks*, 50, 52, 55, 57; *English Malady*, 207, & *infra*.

<sup>296</sup> Cheyne also repudiated the efficacy of blisters in nervous disorders. See *English Malady*, 207; Andrews, 'In her vapours', 136-7, & note 59; *Remarks*, 47.

<sup>297</sup> *Treatise*, 65-7, 96-7.

<sup>298</sup> *Ibid*, 73.

<sup>299</sup> *Remarks*, e.g. 12-13.

<sup>300</sup> Battie's support for 'prohibition' laws against alcohol as a preventative measure, however, was rather unorthodox & may suggest sympathies with the religious radicals. See *Treatise*, 49, 52-4, 56, 58, 83, 90.

<sup>301</sup> *Ibid*, 84-5; *Remarks*, 38, 45.

is...as manageable [and, by implication, as curable] as many other distempers' and that the mad should not 'be abandoned' or imprisoned 'as criminals or nuisances to the society'; arrives late in the *Treatise*, after a rather traditional and not profoundly confident overview. Whereas Battie pronounced 'hereditary' and 'Original Madness...incurable by art', Monro, claimed that 'hereditary complaints...are often treated with success', and accused Battie of extending the boundaries of incurability with his definition of 'original madness'<sup>302</sup>. Despite his generally sympathetic tone towards sufferers, Battie's view was often not only traditional, but negative and occasionally even harsh. He refused to see suicide as 'pardonable' under any circumstances', and advised that 'bodily pain may be excited to good purpose' in treating the insane, old advice which Monro strongly repudiated<sup>303</sup>. His attitude to madness as misassociation of ideas brought him to an already familiar and pessimistic view of the imagination, warning that the madman's attribution of his own disease could not be trusted, and declaring that 'Chimaeras..exist no where except in the brain of a Madman' and their causes were unknowable<sup>304</sup>. At best Battie hoped 'that the peculiar antidote of Madness is reserved in Nature's store', although he doubted it<sup>305</sup>. When Battie blamed the prevailing ignorance with regard to insanity and its treatment on its monopolising by 'Empirics' and 'a few select Physicians', on secrecy and a 'want of proper communication', or what was essentially a closed debate, he was not merely referring to the Physicians of Bethlem, of course, but to a wide range of practitioners who proudly touted, but jealously guarded, their specifics, potions and miracle remedies<sup>306</sup>.

On the other hand, Monro was plainly not stung into so sharp and immediate a rejoinder by Battie's traditionalism. In denying the importance of causation and of any nosology of mental illness (which for Monro was merely one disease, with many symptoms); in rejecting the place of 'anxiety' on the spectrum of mental illness; and in dismissing the utility of theorising on the nature of insanity; Monro severely misread the climate of the times, and stood resolutely against the tide of change or advancement in the study and treatment of insanity<sup>307</sup>. Monro's

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<sup>302</sup> *Treatise*, 59, 67; compare *Remarks*, 24-5.

<sup>303</sup> *Treatise*, 85; *Remarks*, 46-7.

<sup>304</sup> *Treatise*, 37, 42.

<sup>305</sup> *Ibid*, 71-2

<sup>306</sup> *Ibid*, 2-3.

<sup>307</sup> Battie's stress on divining the aetiology of madness as a starting point for cure is a constant theme of his *Treatise*, but see esp. 73, 88. This was actually translated into practice at St. Luke's, where in distinction from Bethlem, standard admission forms for the hospital required from the certifying practitioner a some account of

assessment that 'very little of real use can be said concerning [madness]', was readily anticipated by Battie's enlightened objective; 'to separate what we actually and usefully know from what we are, and perhaps shall always be without any great damage, entirely ignorant of'; and appears lame and pessimistic by comparison<sup>308</sup>. While Battie cited the more modern investigations of Locke, Sydenham, Willis, Stahl and Mead, Monro harped back repeatedly to the antique wisdom of classical authors to prove his points. Nevertheless both authors looked to their own empirical experience, while Monro appealed, also, to the authority of Mead and Bryan Robinson. Monro's (ironic) claim that 'I will never subscribe to the errors of antiquity', however, bespeaks more of the shortsightedness, than the objectivity, of his regard for his classical textbooks<sup>309</sup>. Suggesting at one point that he might present Battie's 'metaphysical enquiries' 'as prize questions...to the academicians of *Bethlem*', Monro's joke at the expense of his patients casts a poor light on his own regard for them<sup>310</sup>. Moreover, Battie was a great deal more dubious about the benefits derivable from the stock array of 'heroic' medicaments, than was Monro; much more concerned about the damage generalised, 'plentiful' or 'rough', dosages might do to patients; much more prepared to adapt his prescriptions to the individual case; and much more emphatic in counselling 'caution', which emerges as almost a watch-word for his approach<sup>311</sup>. Monro, contrariwise, espoused 'evacuation' as 'the most adequate and constant cure' of madness<sup>312</sup>. While Battie stressed the dangers of 'rougher cathartics, emetics' etc, impeached 'vomits' in particular as 'shocking' and often harmful, advised a period of respite in between each course of medicines, that only in 'chronical' cases should violent evacuants be employed, Monro, on the contrary, sided with men like Robinson, who had confidently asserted that cures were often protracted or defeated by physicians' timidity in applying the necessary, strong dosages<sup>313</sup>. The numerous causes of

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the 'state of the Patient's Case' and 'of the Methods (if any) used to obtain a Cure'. See book in St. Luke's, Woodside, archives, entitled, 'Considerations upon the usefulness', 14. For Monro's scepticism on these matters, see *Remarks*, 15, 21-3, 33-4.

<sup>308</sup> *Remarks*, opening 'Advertisement', 21-3; *Treatise*, 21. Vide also Battie's candid admissions of ignorance and 'conjecture' during the piece; e.g. 80-81.

<sup>309</sup> *Treatise*, 28, 32, 75; *Remarks*, 1, 4, 5, 8, 31, 47, 45.

<sup>310</sup> *Remarks*, 16.

<sup>311</sup> *Treatise*, esp. 63-4, 75-7, 81, 98-99.

<sup>312</sup> *Remarks*, 50-51.

<sup>313</sup> *Treatise*, 75-7, 97-9; *Remarks*, 50-51; Bryan Robinson, *Observations on the Virtues and Operations of Medicines* (London, 1752), 145. Monro might also have cited the work of the Bethlem Governor, Nicholas

madness, which Monro had dismissed as virtually imponderable, and insignificant next to its symptoms, meant for Battie that 'madness...rejects all general methods'<sup>314</sup>. Nevertheless, on the essential premises that evacuation and depletion were frequently salutary if 'repeated in proportion to the strength of the patient', Battie and Monro were firmly united<sup>315</sup>. While both men made reference to experience in treating the insane, their dispute was very much the ancient and still vital debate between an empirical (Monro) and a theoretical approach (Battie) to medicine. While Battie was prepared to conjecture about aetiology, Monro advocated, vice versa, directing 'our *knowledge*' to relieving what was already 'plain and visible' in 'the distemper'; 'the effects' or symptoms; declaring that the causes 'will for ever remain unknown'<sup>316</sup>. For Monro, madness 'can be understood no otherwise than by personal observation'<sup>317</sup>. Yet this ran decidedly counter to Bethlem's refusal to admit medical students, and to Battie's own empirical commitment to making first hand experience of insanity more available to 'gentlemen of the faculty'. More concerned with the authority of the mad-doctor; to shore up his own mandate of expertise as the person 'most conversant in such cases'; and 'to excel all those who have not the same opportunities of receiving information', Monro was actually averse to granting opportunities to other practitioners and deeply worried about a hypothetical debate which he felt would only confuse and (worst of all), undermine, the knowledge obtainable 'from observation [alone]'<sup>318</sup>. In claiming that 'physicians' already had 'judgment and knowledge sufficient' to discover Battie's directions for themselves, Monro absolutely denied that writing a handbook for students had any use, and asked for the widest margin of error to be allowed the empirical practitioner<sup>319</sup>.

The dispute between Battie and Monro is just one dimension, of course, of the wider reaction of the Bethlem administration to the foundation of St. Luke's; a reaction which was indubitably

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Robinson, *A Treatise of the Spleen, Vapours, and Hypochondriack Melancholy...* (London, 1729), esp. 399-402. For Nicholas Robinson's election as a governor, see *BCGM*, 27 March 1755, fol. 175.

<sup>314</sup> *Treatise*, 93-4.

<sup>315</sup> *Treatise*, 74-6; *Remarks*, 50.

<sup>316</sup> *Treatise*, 41-58, 61-2; *Remarks*, 20-34, esp. 33-4.

<sup>317</sup> *Remarks*, 36.

<sup>318</sup> *Remarks*, 35-6.

<sup>319</sup> *Remarks*, 55.

negative in the extreme. Rather than prompting its governors and officers to any fundamental reforms, or even review, of their medical regime, the challenges issued by the promoters of St. Luke's merely provoked another addition of cells at Bethlem<sup>320</sup>. The reasonable enough observation contained in the initial appeals for funds for St. Luke's, that while 'a noble Charity' Bethlem was 'not capable of receiving the Number of poor Objects that apply for Relief', and that there were unavoidable delays in their admission, was dismissed by the *London Evening Post* as the unjust complaint of 'several ill-wishers to the Royal Hospitals' <sup>321</sup>. Instead of accepting the invitation of the promoters of St. Luke's to see the new hospital as a supplement to the provision offered at Bethlem, the Governors through their mouthpiece in the press did little but snipe at the initiatives of what they conceived as an upstart rival, attempting to negate its challenge initially by merely referring to it as 'new Bethlem'. In his rejoinder to the Physician of St. Luke's, John Monro was also responding for the Bethlem Governors themselves, who had apparently urged him to reply. Having been a very active governor of Bethlem since 1742, Battie's defection to St. Luke's and criticisms of the Bethlem administration must have appeared as something of a betrayal to the majority on the Bethlem Board. In this light alone, the intransigence of Bethlem's Governors and officers is not surprising. Monro's response to his colleague turned rival was essentially one of retrenchment, and one which stood solidly against any notion that the treatment of insanity was a fit subject for discussion or might be advanced by opening up the forum for its study. From the outset, St. Luke's was founded with the object of improving contemporary knowledge and treatment of insanity by granting trainee doctors the opportunity of first hand study on its wards, and by opening up the forum for debate<sup>322</sup>. Nor was it only the example of St. Luke's that Bethlem was ignoring, for five hospitals had already opened the breach to students by 1734<sup>323</sup>. The plain design of St. Luke's just across the way at Moorfields was in direct opposition to the classical opulence, and the old, but still

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<sup>320</sup> Significantly, the proposal of the Bethlem Board to extend the hospital by a further 52 cells was made by the Bethlem Grand Committee just 3 weeks after the 'Considerations upon the usefulness and necessity of establishing' St. Luke's (which refers to the want of space at Bethlem) had been ordered to be printed by its governors, on 10 Oct. 1750. The intimate connection of these initiatives is also indicated by the fact that George Dance, the Surveyor of London who was contracted to design both the 1750-51 & the 1782-8 St. Luke's buildings had also been present (as a governor of Bethlem) at the Grand Committee meeting of 31 Oct. Ultimately, just 24 new cells were agreed to be added, as the *LEP* put it, 'to obviate an unreasonable Objection of Delays in taking in Patients'. See *LEP*, No. 3650, 12-14 March 1751; *BCGM*, fol. 467, *SLGCM*, 10 & 23 Oct. 1750, & the copy of the 'Considerations' at St. Luke's, Woodside.

<sup>321</sup> See *LEP*, Nos 3621, 3625 & 3650, 3-5 & 12-15 Jan., & 12-15 March, 1751.

<sup>322</sup> As early as July 1750, the press was reporting that the 'Design' 'on Foot' for a 'new Receptacle for Madmen' was intended 'to breed up more young Physicians in the Cases of Lunacy'. See *LEP*, No. 3543, 7-10 July 1750.

<sup>323</sup> See Holmes, *Augustan England*, 183.



vital, notions of spectacle, enshrined in new Bethlem. The *London Evening Post* had, and continued, for much of the eighteenth century to loyally champion the increasingly outmoded architectural model at Bethlem, praising, for example, the central cupola repaired in 1737 as 'so fine and elegant, as must necessarily strike every Beholder with Admiration'<sup>324</sup>. Likewise, the expensive Easter entertainments enjoyed by the governors of Bridewell and Bethlem on the funds of the charity were seen by an increasingly influential lobby (those of a utilitarian and dissenting religious bent in particular), as a vain show and a waste of public funds.<sup>325</sup> Indeed, this mid-century controversy must be recognised very much as a vigorous struggle between two divergent conceptions of charity; the older classical view, where public show was a crucial accompaniment of charity, demonstrating its extent and efficacy, and emphasising the virtues of orthodoxy, authority and hierarchy; and a renovated, utilitarian and puritanical ideology, which favoured a more understated, anonymous charity, and had closer links with sectarian and family virtues. The choice of Wesley's meeting place, the Foundry, by the founders of St. Luke's, as the site for their new hospital, and the subsequent selection of their Methodist tenant's dwelling house for the hospital's new infirmary, signified a certain sympathy between Methodists/religious nonconformists and the administration of St. Luke's, although one which the Church of England bastion, *The London Evening Post* and its contributors wasted no time in animadverting by satire<sup>326</sup>. The anglican *London Evening Post* and the dissenting *Public Advertiser* clearly represented opposing factions on the Bethlem Board and often took opposing sides also in their respective support of Bethlem and St. Luke's<sup>327</sup>. Battie, however, was the son and grandson of highly orthodox clergymen, a Tory & a favourite of Dr. Andrew Snape, a great advocate of the interests of Bethlem, and there is little evidence of religious unorthodoxy amongst the first directors on the St. Luke's board<sup>328</sup>.

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<sup>324</sup> *LEP*, No. 1565, 24-26 Nov. 1737.

<sup>325</sup> Such events were totally banned at St. Luke's, and although queried at Bethlem, after a motion made by Dr. Richard Rawlinson, the Governors voted that they should continue. See *BCGM*, 26 March 1752, fol. 55.

<sup>326</sup> See *SLHCM*, 5 Oct., 9 & 16 Nov., & 28 & 31 Dec. 1764; *LEP*, e.g. Nos 3590 & 3649, 23-25 Oct. 1750 & 9-12 March 1751.

<sup>327</sup> See *LEP*, e.g., Nos 4333, 4369; *Public Advertiser*, e.g. Nos 6501, 6503, 6534, 6536, 6601, 6602.

<sup>328</sup> The Reverend Edward Battie (the Physician's father) was rector of Modbury, Devonshire, & son of the Rev. William Battie, consecutively rector of Alderton & Bawdsey, & Hitcham, Suffolk; the King's chaplain, & finally, Prebendary of St. Paul's. His physician son received his Craven scholarship 'by means of Dr. Snape', in 1725. See John Nichols, *Literary Anecdotes* (London, 1887), 9 vols, iv, iii, 599-603, 729; viii, 553. Obviously, this matter requires a great deal more attention and comparative research than is feasible here.

The revolution represented by St. Luke's and Battie has, however, been exaggerated by historians, who have failed to recognise how much the hospital owed to the example and practices of Bethlem, as much as it represented a departure from them. The publicity accompanying the appeal for funds for the new hospital presented the same traditional image of the 'terrible.. Appearances' and 'violence' of madness, and made the same traditional division between 'melancholy' and 'Raving' madness. Cold bathing, cupping, purging, mechanical restraint, and other traditional remedies, criticised by Battie, were all widely employed at St. Luke's<sup>329</sup>. The classifications, procedures and provisions adopted at St. Luke's (whereby, for example:- certain categories of patients were excluded from admission to the hospital; patients were admitted via a strict rotational waiting list & were discharged after twelve months as 'uncured', or sooner, if too weak to take medicine, etc; medicine's were stored and dispensed via a hospital apothecary's shop; leaves of absence were given & infirmaries were established for sick patients; and provisions were supplied via contracts), were largely modelled on existing practices at Bethlem<sup>330</sup>. The 'resident apothecary' Hunter and Macalpine alleged was 'created' at Bethlem in 1772 'after the example of St. Luke's, 1766', was in fact established in 1751, the relationship between the hospitals being vice versa<sup>331</sup>. Medical students were only admitted to walk the wards of St. Luke's for a few years. Architecturally even, St. Luke's lay-out of two segregated wings, with connecting galleries, was considerably in accord with the design originated at Bethlem<sup>332</sup>. Furthermore, as well as rivalry, there are increasing signs of cooperation, between the two institutions, as the eighteenth century progresses. Both collaborated spectacularly, in 1777, in a similarly worded public advertisement to repudiate allegations made in the *Morning Post* about the ill-treatment of patients by servants at the hospitals<sup>333</sup>. Thomas Bowen spoke

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<sup>329</sup> See e.g. *SLHCM*, 30 Jan. 1767, 12 Feb. 1773, & chap. 3, *supra*.

<sup>330</sup> See e.g. *SLGCM*, 6 Oct. 1764, 1 Aug. 1770, 6 Feb. 1771, 7 Jan. 1778, fols 192-3, 195; *SLHCM*, 14 Sept. 1759, 7 March 1760, 5 Nov. 1762, 31 Oct. 1766, 27 May 1774; *LEP*, No. 3708, 23-25 July 1751; Andrews, 'Incurably insane'.

<sup>331</sup> Hunter & Macalpine, intro to their edn of Battie's *Treatise* & Monro's *Remarks*, 10.

<sup>332</sup> Michael Donnelly is one of the few to make these points; *Managing the Mind*, 53-4 & 167, note 3.

<sup>333</sup> St. Luke's was actually notified of these accusations by the Bethlem Committee, who also forwarded a copy of their own denial, upon which St. Luke's advertisement was then based, & St. Luke's returned thanks for the 'Civility' of the Bethlem Committee. Both hospitals denied that there was 'the least Foundation for such a Charge', & asserted that 'On the Contrary that the Patients are treated with the greatest Tenderness and Humanity'. See *SLGCM*, 22 Oct. 1777; *The Morning Post*, 14 Oct. 1777.

of 'both hospitals' being 'engaged in the same good work', with 'the same object in view, the restoration of reason to the distracted', in 1783<sup>334</sup>. John Monro and Battie cooperated not only in Courts and Committees at Bethlem, after mid-century, but testified in solidarity before the 1763 Parliamentary Committee which enquired into the state of private madhouses, and even helped each other out in contentions arising in their private practices<sup>335</sup>.

This is not to say that St. Luke's was indeed simply a 'new Bethlem' as the *London Evening Post* alleged, or that rivalry did not continue to be an important force defining policies at the institutions<sup>336</sup>. There are signs, even in John Monro's 1766 casebook, that there was still a considerable friction between himself and Battie<sup>337</sup>. The very year (1765) St. Luke's appointed a Nurse 'to attend the sick Patients', averring that it was 'absolutely necessary', Bethlem abolished the position of Nurse as a separate entity at the hospital<sup>338</sup>. Although St. Luke's almost invariably refused to accept patients discharged 'uncured' from Bethlem, by the latter quarter of the century Bethlem was proudly accepting the 'uncured' from St. Luke's (at least, between Midsummer and Lady Day) and publicly declaring that 'no person is considered as disqualified for admission here, who may have been discharged from any other lunatic hospital'<sup>339</sup>.

## Conclusion

I have been arguing that there was a good deal more to Bethlem than Whiggish historians' denunciations of it as 'scene of stagnation and unassailed tradition' have suggested<sup>340</sup>. The

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<sup>334</sup> *Historical Account*, 8n.

<sup>335</sup> See e.g. *BCGM*, 28 May 1752, 11 July 1759, 7 Feb. 1760, 26 Feb. 1761, 21 Jan. & 1 April 1762, 25 July 1765, 30 July 1767, 27 April 1769, 12 April & 6 Sept. 1770; fols 61, 310, 330, 352, 5, 13, 142, 180, 248-51, 286 & 310; *A Report from the Committee Appointed (upon the 27th Day of January, 1763) to Enquire into the State of the Private Madhouses in this Kingdom. With the Proceedings of the House thereupon (1763)*, in *House of Commons reprints*, vol. 25, 3-11, esp. 9-10; Hunter & Macalpine, *George III & the Mad-Business* (London, Allen Lane, 1969), 314-5.

<sup>336</sup> *LEP*, e.g. Nos 3598 & 3649, 10-13 Nov. 1750 & 9-12 March 1751.

<sup>337</sup> Monro observes at one point about a patient, e.g., 'once before...she was attended by Dr. Battie to little purpose'; *Casebook*, 4-5.

<sup>338</sup> *SLHCM*, 10 May 1765 & chap. 5, *infra*.

<sup>339</sup> Bowen, *Historical Account*, 13.

<sup>340</sup> Hunter & Macalpine, intro to their edn of Battie's *Treatise* & Monro's *Remarks*, 9.

introduction of the therapy of cold-bathing to Bethlem in the 1680s; the post-mortem investigations carried out by the hospitals medical officers during the latter seventeenth and eighteenth centuries; the special provision gradually extended to patients suffering from 'bodily' ailments, in particular through the attendance of a nurse and the establishment of infirmaries; the arrangements made for after-care, both as material relief and as a therapeutic recourse aimed at the prevention of relapse; the erection of wards for the 'incurably' (or chronically) insane<sup>341</sup>, and the establishment of a resident Apothecary, operating from an in-house dispensary, demonstrate that the medical regime at Bethlem was not only committed to advancing the care and treatment of the mad, but was, for much of the period, in touch with, and occasionally at the very forefront of, modernisations and innovations taking place in hospital care. While the attendance of Bethlem's medical officers was at best casual and at worst inadequate, they were contracted and salaried to serve the hospital in a visiting capacity only, in accordance with the charitable ethos that had for so long informed the character of medical attendance at early modern hospitals. Indeed, historians have been guilty of anachronism in expecting the medical officers of the seventeenth and eighteenth centuries to be as involved as their nineteenth century counterparts, occasionally, even employing the nineteenth century professional designations 'psychiatrist' or 'Physician Superintendent of Bethlem'<sup>342</sup>.

Given the extent of the private practice of the Monros, Cruden's comment about James Monro that 'his Patients' were 'too many to be wellminded by one man' serves as an accurate assessment for the entire family's attendance at Bethlem<sup>343</sup>. Ultimately, it is the few surviving testimonies of their patients which primarily indicts the medical officers of Bethlem as aloof and uninterested, broaching little questioning of their authority, and which condemns their therapeutics as routine, lacking in flexibility and coercive to the point of cruelty. Yet, as I have shown, the reliability of much of this testimony is subject to doubt; many patients were clearly satisfied with the care they had received at Bethlem, or privately, under its physicians. While Bethlem Physicians were often, as Cruden alleged of James Monro, 'on the severe side...with respect to the poor Patients', they were often also mild and sympathetic towards them, appreciative of the antique maxim that 'some are to be commanded, others...soothed into compliance'<sup>344</sup>. Moreover, it was only by degrees, during the eighteenth century, that the old notion that severity

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<sup>341</sup> See Andrews, 'Incurably insane'.

<sup>342</sup> See e.g. Walker's, *Crime & Insanity*, 59, which refers to John Monro in this way.

<sup>343</sup> *London-Citizen*, 53.

<sup>344</sup> Cruden, *The London-Citizen*, 43 & 52-3, & *Mr. Cruden*, 34; Monro, *Treatise*, 40.

was a virtue in the countenance, bearing and entire disposition, of the mad-doctor, was broken down. The influence of visiting medical officers over the management of the hospital was, anyway, often severely limited, particularly, as John Monro recognised, over the conduct of the attendants<sup>345</sup>.

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<sup>345</sup> *Treatise, ibid.*

**Table 4a: ANNUAL SALARIES & OCCASIONAL GRATUITIES  
FOR BETHLEM & BRIDEWELL MEDICAL OFFICERS 1629-1775**

	PHYSICIAN		SURGEON		Grat	APOTHECARY	
	Sal		Sal			Sal	Sal
1629	B		£2			B	B
1634	£26 13/4		B			B	B
1652	£26 13/4		B			B	B
1653-6	£26 13/4		B			B	B
1657	£26 13/4		B			B	B
1658	£26 13/4		B			B	B
1663	£26 13/4		B			B	B
1669	£26 13/4		B			B	B
1673	£26 13/4		B			B	B
1676	£26 13/4		B			B	B
1678	£26 13/4		B			B	B
1679	£26 13/4		B			B	B
1680	£26 13/4		£16			B	B
1682-4	£26 13/4		£16			B	B
1686	£26 13/4		£16			B	B
1688	£26 13/4		£16			B	B
1689-94	£26 13/4		£16			B	B
1694-1708	£26 13/4		£20		£10 10/	B	B
1708	£26 13/4		£20		£30	B	B
1710	£26 13/4		£60		£30	B	B
1716	£26 13/4		£60		£30	B	B
1718	£26 13/4		£60		£20 p/a	B	B
1738	£26 13/4		£60		£20 p/a	B	B
1761	£26 13/4		£60		£20 p/a	£80	£80
1761	£26 13/4		£70		£20 p/a	£80	£80
1776	£26 13/4		£90 10/		?		

B=by bills p/a=per annum /-shillings

Table 4b: BETHLEM & BRIDEWELL PHYSICIANS 1619-1816

Helkiah Crooke		13 Apr 1619-	24 May 1633	Dismissed
Othewell Meverall		??	1634- 13 Jul 1648	Deceased
Thomas Nurse		21 Jul 1648-	9 Jun 1667	Deceased
Thomas Allen		26 Jun 1667-b19	Dec 1684	Deceased
Edward Tyson		19 Dec 1684-	1 Aug 1708	Deceased
Richard Hale		10 Sep 1708-	26 Sep 1728	Deceased
James Monro	(sole)	9 Oct 1728-	21 Jun 1751	
	(joint)	21 Jun 1751-3/4	Nov 1752	Deceased
John Monro	(joint)	21 Jun 1751-3/4	Nov 1752	
	(sole)	3/4 Nov 1752-	19 Jul 1787	
	(joint)	19 Jul 1787-	27 Dec 1791	Deceased
Thomas Monro	(joint)	19 Jul 1787-	27 Dec 1791	
	(sole)	27 Dec 1791-	Jun 1816	Dismissed

KEY: b=by joint=serving jointly as physician  
sole=serving alone

Table 4c: BETHLEM & BRIDEWELL APOTHECARIES 1634-1816

Ralph Yardley	1634-b16	Jan 1656	Deceased
James James	16 Jan 1656-b15	Mar 1678	Deceased
Jeremy Lester	15 Mar 1678-b11	Dec 1685	Deceased
John Pelling	a11 Dec 1685- b5	Apr 1689	Deceased
William Dickenson	19 Apr 1689-b20	Mar 1696	Deceased
John Adams	27 Mar 1696-b18	Feb 1715	Deceased
Widow Adams (temp.)	25 Feb 1715- 25	Mar 1715	Replaced
William Elderton	25 Mar 1715-b22	May 1751	Replaced
John Winder (resident)	22 May 1751-b25	Jun 1772	Resigned
John Gozna (resident)	9 Jul 1772-b11	Jul 1795	Deceased
John Haslam (resident)	?? 1795-	Jun 1816	Dismissed

KEY: b=by a=after



Table 4d: BETHLEM & BRIDEWELL SURGEONS 1629-1815

John Quince	23 Dec 1629- ??
William Wright	?? - b6 Jul 1632 Deceased (3 Dec 1630 Ord. Dismissed)
Samuel Sambrooke	6 Jul 1632-b21 Jan 1643 Deceased
John Meredith	21 Jan 1643- Mar 1656 Deceased
Edmund Higgs	2 Apr 1656- 10 Jun 1669 Retired
Jeremy Higgs	10 Jun 1669- b7 Apr 1693 Deceased
Christopher Talman	7 Apr 1693-b19 Mar 1708 Deceased
Richard Blackstone	16 Apr 1708-b17 Dec 1714 Deceased
John Wheeler	17 Dec 1714- b4 Dec 1741 Deceased
Charles Wheeler	11 Dec 1741-b28 Oct 1761 Deceased
Henry Wentworth	4 Nov 1761- b2 Mar 1769 Deceased
Richard Crowther	9 Mar 1769-b22 Jan 1789 Deceased
Bryan Crowther	5 Feb 1789- ?? ??? 1815 Deceased

KEY: b=by

## Chapter 5

### The Rule of 'Sky-Coloured Coats': Inferior Officers and Servants

#### Introduction

Nursing staff have always been at the front line of medical provision and constituted the functioning heart of the hospital. Indeed, one may argue that, in terms of patients' experience of illness and incarceration, the hospital attendant represents a much more important area of study than its medical staff. This pertains particularly in the early modern period and at early modern Bethlem, prior to the introduction of case notes and prior to the imposition of the radical, interventionist, methods of treatment which characterised nineteenth century psychiatry, when and where medical men intervened so little in patients' lives. It was attendants who normally administered the medicaments which medical officers dispensed. The inferior officers and keepers of Bethlem were much closer, in respect of social class, culture and the nature of their duties, to the patient population, than either the practitioners or the governing administrators of the hospital. They considerably (and increasingly, as the period progressed) shared the existence and environment of patients; were required to submit to an analogous form of confinement; to reside, sleep and eat, continually within the hospital walls; they caught the same diseases and were often buried in the same graveyards<sup>1</sup>; the vast majority of their social interaction was with patients and their interests and frustrations centred on patients; occasionally, staff even married patients. Moreover, as patients themselves, like James Carkesse and Urbane Metcalf, agreed, it was not medical men or governors who ruled the roost and determined the tone of patients' lives at the hospital, nor even was it the movements of the planets, moon or stars; rather, it was 'th' Azure of [the] sky-colour'd Coats' of the attendants<sup>2</sup>.

<sup>1</sup> See burial register of St. Botolph Bishopsgate, London, which gives details of burials of patients & staff at Bethlem Churchyard; *Guildhall MSS 4515/1, 4515/2, 4515/4, 4516/1 & 4516/2*, burials 1559-1717. E.g. '1605 [aged] 53 John Pewtle [Perotte?] keep[er] of bethlem howse ye 22 of maye'; '24 May 1657 Izack [Isaac] Mount [Bethlem Porter 1654-7] [aged] 46'. Staff were also frequently married and had their children baptised/buried at the local Bishopsgate church. E.g. '11 May 1662 Wiliam Godbid [Bethlem Steward 1658-63] & Audrey Jackson p[er] Licence'; '13 June 1632 A Stilborn Dau[ghter] of Isaick [Isaac] lovell [sacked Bethlem Steward]'. With the move to Moorfields, burials of patients, staff and their families, are recorded more regularly in the registers of St. Stephen Coleman Street, but staff seem more often to be distinguished from patients by burial in the church, rather than in the common churchyard; *Guildhall MSS 4449/2 & 4451*, burials 1636-1812. E.g. '13 Nov. 1690 J[oh]n Carter Steward of Bedlam [1663-90] Buryed in ye Church'; fol. 4, '8 Dec. 1690 Elizabeth Wife of J[oh]n Greene [basketman 1683-93] Buryed in ye Church 1690'; fol. 14, '21 Oct. 1693 Richard Fancourt [basketman 1682-93] dyed in Bedlam'. William Birch, Bethlem Steward 1734-48, however, actually stipulated in his will that he should be buried in the churchyard on the north side of the Coleman Street church at 'as small Expence as may be w[i]th Decency'; see *P.C.C. Prob. 11/762*, q.n. 171, fols 211-12.

<sup>2</sup> James Carkesse, *Lucida Intervalla*, 34 & *passim*; Urbane Metcalf, *The Interior of Bethlehem Hospital*.

Until very recently, nevertheless, the inferior staff of hospitals have remained a much neglected avenue of research for the medical historian. Despite the beginnings of some valuable scholarship on the staffing of early modern prisons, modern accounts of nursing at the major general hospitals of the seventeenth and eighteenth centuries, like St. Barts and St. Thomas's, have been cursory, incomplete and unanalytical<sup>3</sup>. More recent surveys of asylum staff (Smith, Digby, Shortt, Tomes), have been largely restricted to the nineteenth century and to information gathered from hospital archives; failing sufficiently to consult the alternative sources of literature, newspapers, wills, parish records, etc; with the result that nurses and keepers must still be viewed as a 'hidden dimension' of early modern hospitals and madhouses<sup>4</sup>. One advantage with any study of Bethlem is the wealth of existing material referring to the hospital and its staff beyond the archival.

Despite the crucial role of inferior officers, servants and nurses in the running of early modern hospitals, medical theorists who wrote on the care and treatment of the sick and insane virtually ignored the role of nursing staff, until the late eighteenth, and nineteenth, centuries<sup>5</sup>. The status and character of hospital attendants was almost uniformly reviled by contemporaries. Amongst the ranks of nurses both within and without the hospital, the keeper of lunatics was the lowliest

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<sup>3</sup> For prisons, see esp. Séan McConville, *A History of English Prison Administration*, vol. i, 1750-1877 (London, Boston & Henley, Routledge & Kegan Paul, 1981); R. B. Pugh, 'Newgate between two fires', parts i & ii, in *Guildhall Studies in London History*, vol. iii, nos 3 & 4, Oct. 1978 & April 1979, 137-63 & 199-222. For hospitals, see e.g. V. C. Medvei & J. L. Thornton (eds), *The Royal Hospital of St. Bartholomew, 1123-1975* (London, St Barts Hospital Medical College, 1974); Sir D'Arbray Power & H. J. Waring, *A Short History of St. Bartholomew's Hospital, 1213-1923* (London, 1923); G. Whitteridge & V. Stokes *A Brief History of the Royal Hospital of St. Bartholomew* (London, St. Barts Hospital, 1952); Norman Moore, *History of St. Bartholomew's Hospital, 1123-1914* (London, C. A. Pearson, 1918), 2 vols; E. M. MacInnes, *A History of St. Thomas's Hospital* (London, George Allen & Unwin, 1963), & Frederick G. Parsons, *St. Thomas's Hospital* (London, Methuen & Co., 1932-6), 3 vols; *idem*, *Scenes from the Life of St. Thomas's Hospital, from 1106 to the present time* (Redhill, Surrey Fine Art Press, 1938).

<sup>4</sup> L. D. Smith, 'Behind closed doors: lunatic asylum keepers, 1800-1860', in *The Journal of the Society for the Social History of Medicine*, I, 3, 301-28; Anne Digby, *Madness, Morality & Medicine*, chap. 7, 140-70; S. E. D. Shortt, *Victorian Lunacy. Richard M. Bucke & the Practice of late Nineteenth-Century Psychiatry* (Cambridge, etc., CUP, 1986), chap. 2, 43-9; Nancy Tomes, *A generous confidence. Thomas Story Kirkbride and the art of asylum-keeping* (Cambridge, etc., CUP, 1984), 116-7, 139-40, 148, 179-86, 244-5. See, also, M. Carpenter, 'Asylum nursing before 1914: a chapter in the history of labour', in C. Davies (ed.), *Rewriting Nursing History* (London, 1980), 123-46; John K. Walton, 'The treatment of pauper lunatics in Victorian England: the case of Lancaster Asylum, 1816-1870', 179-82, in Scull (ed.), *Madhouses, Mad-doctors & Madmen*, 166-97, & William Parry-Jones, *The Trade in Lunacy. A Study of Private Madhouses in England in the Eighteenth & Nineteenth Centuries* (London, Routledge & Kegan Paul, 1972), 186-92.

<sup>5</sup> It is only with Pinel and Tuke, and the development of theories of moral management, that the function of attendants begins to be given serious consideration in treatises on the care and treatment of the insane.

and most reviled of all, while 'Bedlamite nurses'<sup>6</sup> were the most notorious of all madhouse keepers. The officers and servants of Bethlem have received a particularly bad press, accused by contemporaries and modern historians alike of habitually beating, starving, fleecing and otherwise cruelly abusing the patients under their care. Much of this chapter will be concerned with examining (and partially confirming) the validity of this account, but revealing areas in which the proverbial brutality of Bethlem staff, and the inefficiency of the hospital administration in overseeing the conduct of staff, have been exaggerated. As shall be demonstrated (and as has already been shown in relation to the complicated interactions involved in public visiting), interactions between staff and patients were far more complex than the paradigm of abuse and neglect would suggest. A primary objective will also be to explain exactly how staff functioned and were asked to function, both inside and outside the hospital, and how they were recruited to Bethlem, matters which have been little understood by historians.

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<sup>6</sup> For this phrase, see *Mrs Clark's Case* (London, 1718), cited in Andrews, 'Mrs Clerke's Case', 137.

## Recruitment and Status: Officers

The dismissal of Helkiah Crooke in 1633 marked a disjunction at Bethlem, not just in terms of the separation of the physicianship from the keepership of the hospital (see chap. 4), but in terms of the Governors' assertion of their prerogative to choose their own staff. Crooke was the last in a line of medieval masters, the last royal nominee to receive the custody of Bethlem as a dispensation of royal favour. The office of Keeper, making his own private profits, was dispensed with, in preference for a succession of salaried Stewards (and Porters). Salaried Stewards served at Bethlem under Crooke and before<sup>7</sup>, but had normally applied for reimbursement of their disbursements, and accounted for their receipts, directly to the Keeper/Master<sup>8</sup>. Prior to 1633, the appointment of the Steward and Porter had largely been left to the Master/Keeper. Crooke, for example, had installed his own son-in-law, Thomas Bedford, as Steward, in c1631, while both of Bedford's predecessors appear to have been Crooke's choices, rather than the Governors'. Exceptionally, the Governors themselves granted reversions to the posts of inferior officers, as they did in the case of John Jeweller, son of the Bridewell Steward, John Jeweller, in 1629, in view of 'the long service and good respect that the governo[rs] have of [the latter]'<sup>9</sup>. Over the next six years, however, the scandal of Crooke and Bedford's management of Bethlem and a disintegration in the relationship of the Governors with the Bridewell Steward, led them totally to reject the policy of reversions, as other London hospitals were concurrently striving to do<sup>10</sup>. Hospital boards were, also, increasingly resolved to preserve their authority over staffing from outside interference.

As usual, the initiative was taken first of all at Bridewell, where reversions were abolished in 1632 and those with existing reversions were only, henceforth, to be 'admitted' provided they 'be first examined & found fitt p[er]sons in the iudgem[en]t of y[e] Governo[rs]'<sup>11</sup>. In practice,

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<sup>7</sup> See e.g. *BCGM*, 25 Sept. 1729, where John Jeweller, once he succeeds to the place of Steward, is to 'receave such fees and salary for his paines therein as others have had before tymes'.

<sup>8</sup> *Ibid*, 3 & 17 Dec. 1634, & 11 Aug. 1635, fols 20-21 & 57, where Isaac Lovell, one of the Stewards under Crooke, applies to the Governors to satisfy his debts to Henry Collet and other suppliers, Crooke having refused to do so, and the Court agrees, once the suppliers' bills have been properly examined.

<sup>9</sup> *Ibid*, 25 Sept. 1629.

<sup>10</sup> St. Thomas's e.g. forbade reversions in 1622, but with little success, needing to rely on them for the next two decades in order to avoid incurring displeasure in influential circles. See MacInnes, *St. Thomas's Hospital* (1963), 47-9. For Bart's reversions, see Medvei & Thornton, *Saint Bartholomew*, 111.

<sup>11</sup> *Ibid*, 19 Oct. 1632, fol. 299.

however, this ruling was to be instituted for Bethlem officers as well. Thus, when meeting in 1635 and 1636 to elect a new Bethlem Steward, the Court refused to recognise its former grant to Jeweller. He was ordered admitted, but only after being required to undergo a free election alongside all the other candidates, and was, subsequently, disqualified forever from that office, on his refusal to submit to new 'Articles' of service drawn up by the Governors and his 'p[er]emptorie' display towards their authority<sup>12</sup>. Thus, the Court expressed its determination to exert its own discretion in the selection of staff and to control their conduct more rigidly. Indeed, all those appointed to inferior offices at Bethlem from 1636-1800 (with one exception) were subjected to free elections before the Court of Governors<sup>13</sup>.

The politics surrounding this affair are rather more complicated than the preceding account would suggest. Since Crooke's dismissal, the Governors had postponed the consideration of the vacant Stewardship and of Jeweller's reversion, by getting George Morton, Porter at Bridewell, to fill-in temporarily at Bethlem, from 1633. Over the ensuing two years, a whole host of 'affronts', accusations and 'slanders' delivered by Jeweller's father (the Bridewell Steward) against Presidents, Treasurer, Clerk and Governors (including a charge that the Governors were attempting to deprive his son of the Bethlem Keepership), had culminated in the latter's discharge<sup>14</sup>. Plainly, by the time the Governors were prepared formally to appoint a new Steward, in 1635, they could no longer have felt bound by any 'respect' for Jeweller's father. The Court conveniently evaded its obligation to Jeweller by citing a legal technicality<sup>15</sup>. Jeweller,

<sup>12</sup> *Ibid*, 21 Oct., 4 & 18 Nov., & 23 Dec., 1635, & 20 Jan. 1636, fols 65-7, 69, 73 & 77-8. Jeweller's petition for the Stewardship in 1635 is the only application for an inferior office to be reproduced in the Court Minutes between 1635 and 1785. His promise 'to p[er]forme his faithful service therein to the glorie of god the good liking of all yo[ur] wo[rship]ps and for the comfort of the poore there harboured And [to]...as in duty bound shall pray for yo[ur] wo[rship]ps happy estate long to continue'; is a good illustration of the degree of deference required from candidates and of the prevailing hierarchy of respect—comprising, in descending order, God, the Governors and lastly, the patients.

<sup>13</sup> The exception was Francis Wood, elected as Porter by the Court of Aldermen during the constitutional crisis of 1687/8, although even he had, initially, been presented (with one other candidate) by the Governors themselves. See *ibid*, 4 Feb. & 4 March 1687, fols 225 & 227.

<sup>14</sup> For contentions involving Jeweller's father, which deserve a fuller treatment than is feasible here, see esp. *ibid*, 1 & 27 March 1633, 31 Oct. & 17 Dec. 1634, 2 & 16 Feb., & 7 & 9 March 1635, fols 317, 322-4, 16, 21, 25-7 & 29-34.

<sup>15</sup> The reversion was declared 'void' on the grounds that the President had been absent from the Court session at which the grant had been made and that the Keepership was 'onely incident to the governo[r]s as gardians and not grantable from them'; *ibid*, 21 Oct. 1635, fol 65. The Governors were rarely concerned to emphasise this limit upon their authority at other times. Clearly, in this instance, it very much suited their purpose, which was, on the contrary, to assert their authority over elections.

himself, alleged that the Articles to which he was being obliged to 'give special security' of £100 had been conceived 'by some governo[rs]...out of displeasure taken against my father'<sup>16</sup>. Moreover, he claimed that this security was 'a thing w[hi]ch never was ymposed upon any officer in this Citty'.

In fact, the Governors' conduct was by no means as begrudging or unorthodox as Jeweller alleged. Crooke, too, had been required to give security to perform certain articles, which bear some comparison to those laid down for Jeweller and his successors<sup>17</sup>. While the articles of 1635/6 were much more comprehensive than those of 1619, the Governors were (understandably) anxious not to have another Crooke or another Royal Commission of enquiry. Security to observe these, or other, increasingly more sophisticated, articles, was demanded not just of Jeweller, but of all those subsequently admitted to the posts of Steward and Porter at Bethlem<sup>18</sup>. The Governors' primary concern in dealing with Jeweller was one of respect to their authority. Whatever the truth of Jeweller's allegations, by elaborating before the Court his 'iust cause' and openly accusing Deputy Rawlins, he merely compounded his affront and irremissibly offended the Governors' strict sense of hierarchy<sup>19</sup>. Jeweller forfeited his appointment through his own 'challenging' of governing authority, rather than his father's.

What then was the status of the Bethlem Steward? The Keepership was evidently ranked alongside the post of Bridewell Clerk, Jeweller having originally been granted a reversion to whichever of these posts first fell vacant. The Stewardship, however, appeared less attractive to Thomas Lewis than the office of 'youngman' in the Lord Mayor's household, for which he resigned it in 1648<sup>20</sup>. In fact, the post was to prove somewhat less lucrative than its first holders after Jeweller might have anticipated. Four of the six stewards who served Bethlem between 1636 and 1690 were to die in debt to the hospital, although this had less to do with the hazards

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<sup>16</sup> *Ibid*, 20 Jan. 1635, fol. 77.

<sup>17</sup> See *in/rs* & Alderidge, 'Management', 157.

<sup>18</sup> Security was only demanded of Porters from 1654, when it was imposed at the same rate and in the same form as that required of the Steward. See *BCGM*, 12 Jan. 1654, fols 638-9.

<sup>19</sup> On being questioned by the Court over 'his challenging some governo[rs] by his Peticon', rather than the apology which etiquette required, Jeweller defended his opinion, claiming that Rawlins had threatened to abstain entirely from Court sittings if he 'were elected' Steward; *BCGM*, 20 Jan. 1636, fol. 78.

<sup>20</sup> Lewis had, initially, claimed to prefer the Bethlem Stewardship, but was soon to prove disingenuous, prevaricating (perhaps in hopes of retaining both) found (after his resignation) in arrears to the hospital and committed (at the hospital's suit) to Ludgate prison. See *BCGM*, 4 Feb, 21 April & 21 July 1648, & 24 Feb. 1649, fols 333-4, 344, 352 & 378.

of the office, than with the profligacy of its occupants<sup>21</sup>. The size of the security required from Jeweller and his successors, rather than a reflection of how much the Stewardship of Bethlem was deemed to be worth, was a recognition of the need for hefty insurance against the large sums of money which were to pass through the Steward's hands. From 1690, as a result of the the improvidence, inefficiency and downright dishonesty of these four Stewards, the security for the office was augmented to the prohibitive sum of £500<sup>22</sup>, which was to be maintained for the duration of the period. Plainly, however, those without friends of substance did not apply or succeed to the post.

There is no doubting that the Bethlem Stewardship was hotly contested<sup>23</sup>. The desirability of the post is demonstrated by the numbers and social standing of those who applied for it. For the eight elections that took place during 1635-1700, there was an average of almost six petitioners for each vacancy<sup>24</sup>, giving the Governors considerable scope for discrimination. While the average fell during 1700-70 to less than four candidates for each of the five elections, this seems largely to have been the consequence of a tightening up of election procedures, rather than a genuine decline of interest<sup>25</sup>. The only condition imposed on candidates for the Stewardship, however, was that they be freemen (i.e. citizens) of London<sup>26</sup>. The vast majority of successful applicants came from London's vibrant cloth trade, the retailing rather than the manufacturing side. Richard Langley and Thomas Hodges were both drapers; George Foye, a merchant tailor; Matthew Benson, a broderer (embroiderer); Thomas Yates, a haberdasher, and William Godbed,

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<sup>21</sup> The debtor Stewards were Richard Langley, Thomas Lewis, William Godbed (or Godbid) and John Carter, who held the office 1636-44, 1647-8, 1658-63 and 1663-90, respectively.

<sup>22</sup> *BCGM*, 19 Dec. 1690, fol. 94.

<sup>23</sup> Jeweller was so keen for the post that, despite his disqualification in 1635, he re-applied on the vacancies of 1644 and 1647. See *BCGM*, 1 Feb. 1644, fol. 88, where Jeweller is disqualified again, according to the former order, & 1 Jan. 1647, fol. 288, where no mention of any disqualification is made.

<sup>24</sup> 45 candidates in all are recorded in the Court Minutes, but the range was extremely variable—from as few as 2, in the elections of 1636 & 1648, to as many as 14, in the election of 1690. The latter high was, no doubt, a result of the disruptions which affected the government of every city institution in the aftermath of the Glorious Revolution.

<sup>25</sup> By the latter eighteenth century, the Bethlem Grand Committee had assumed the major responsibility for elections of inferior officers. While e.g. only 1 candidate was mentioned in the election of 20 June 1765 (*BCGM*, fol. 139), it is likely that the Grand Committee had already weeded out the competition. There were 5 candidates again for the vacancy in 1785; *BCGM*, 23 Sept. 1785, fols 214-5.

<sup>26</sup> Robert Sole, though calling himself a 'Gent', was disqualified from the election of 1 Feb. 1644, because he did not meet this condition; *BCGM*, fol. 88.



a weaver. Not surprisingly, given the nature of the Steward's duties, four had worked in the retail or manufacture of provisions; Jeweller, John Carter and William Birch were all grocers, while John Hughes was a distiller. The exceptions were Thomas Weston, a leather seller, Henry White, a gold beater and Thomas Lewis, a goldsmith<sup>27</sup>.

Applicants for both the Steward's and the Porter's places at Bethlem were elected throughout the period (as at other London hospitals) by a ballot of assembled governors, after petitioning and being examined before the Court. Presumably, candidates received recommendations from individual, or groups of, governors, but the Court Minutes reveal very little about the process of nomination. Family interest plainly paid a part, as it did in most city elections, but (despite Jeweller's example) pure nepotism is rarely in evidence in appointments to Bethlem. Although the children of Bethlem's inferior officers were occasionally candidates to succeed their parents (and might work in an informal capacity or officially, as assistants)<sup>28</sup>, there is only one instance of direct and successful nepotism, in this period<sup>29</sup>. Richard Langley, 'the dishonest Steward'<sup>30</sup> and the most troublesome occupant of the office throughout the hospital's history, while only second choice to Jeweller in 1635, evidently owed his subsequent election in 1636 partly to his

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<sup>27</sup> The occupations/status of failed candidates, where given or deducible, tells a similar story. 12 worked in the retail/manufacture of clothing (2 drapers, 2 broderers, 2 merchant tailors, 2 haberdashers, 2 cordwainers, a mercer and a girdler); 3 worked in the retail/manufacture of food (2 grocers and a mercer); 2 worked in the retail/manufacture of animal hides (a skinner and a saddler); 1 was a goldsmith; 1 a warehouseman and 1 a 'gent'. Only 1 was a governor; at least 3 had connections with Bridewell; 2 were the sons/relatives of former Stewards; only 2 were disqualified and 4 made reapplications for the post. Stewards' securities generally shared the same or allied occupations, were friends, but rarely related to the appointee and might, occasionally, as in the case of Foye's securities, be themselves 'well knowne to divers of the Governors'. See *BCGM*, 9 Feb. 1644, fol. 93 & *passim*.

<sup>28</sup> Although, in the seventeenth century, the Governors attempted to eliminate the presence of children in the hospital, which was seen as an insupportable burden on hospital resources, they had only limited success. For mention of the children of staff working & eating at Bethlem, see *ibid*, 28 April 1643 & 30 March 1677, fols 35 & 360. While candidates with dependent children or a pregnant wife were officially barred from the Portership in 1654, this order subsequently remained a dead letter.

<sup>29</sup> Henry Carter, son of the deceased Steward, John, was a failed applicant in 1690, as was Robert Yates, son of the deceased Steward, Thomas, in 1713. See *BCGM*, 19 Dec. 1690 & 19 June 1713, fols 94 & 710, & *P.C.C. Prob. 11/532*, fol. 388, where Robert is sole executor of Thomas Yates's will. On the other hand, the election of Yates's brother, William (like Thomas a haberdasher, though in Cheapside, not St. Lawrence Jewry) as a governor of the hospitals, in 1699, at the nomination of Gabriel Smith, must have been an outcome of Thomas's Stewardship. Braham Smith was one of the Governors Yates's asked to be a bearer at his funeral. See *ibid*, 10 Feb. 1699, fol. 243. When blind and infirm in 1658, Thomas Hodges was permitted (on his petition) the use of his son as an assistant; see *BCGM*, 25 May & 15 June 1758, fols 284 & 286. The nepotist was Hannah Matthews, Matron 1684-7, succeeding her mother, Millicent, Matron 1663-84.

<sup>30</sup> As he was appropriately named by O'Donoghue, *Bethlehem*, 177-8.

father's social standing; 'a grave Cittizen of this Cittie heretofore one of the Bridgm[asters/en] of the same'<sup>31</sup>. Indeed, Langley's Stewardship highlights the negative influence of interest on the appointment and management of staff. The Governors were encouraged to retain Langley, in the face of his constant misdemeanours and embezzling, out of anxiety that his father would be 'utterly disgraced and undone' by his discharge<sup>32</sup>. Langley had also been known to the Governors (and himself been familiar with the hospital) prior to his admission, as a Bethlem tenant<sup>33</sup>.

Inferior offices seem to have been filled, not just at Bethlem, but at most London hospitals, more on the basis of favour, than individual merit and to have been enjoyed virtually as tenure-ships<sup>34</sup>. An officer was customarily appointed conditionally, 'soe long as he demeaneth himselfe well and honestly to the good liking of [the]...Co[ur]t', yet this proviso was rarely exacting. Only one of Bethlem's Stewards and Porters during the period 1633-1800 was discharged for misdemeanours<sup>35</sup>. While from 1635 all Stewards and Porters were (in conformity with Bridewell officers) eligible annually for readmission (required to be confirmed in their places on election days), and while this policy was extended to embrace all (inferior) officers and servants in 1654, there were only a couple of occasions during the period when members of staff failed to be confirmed as usual<sup>36</sup>.

Applicants for the Bethlem (& Bridewell) Stewardship were not infrequently decayed citizens, who had either fallen on hard times through misfortunes of trade or were simply too old

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<sup>31</sup> *BCGM*, 28 Feb. 1638, fol. 166. This seems to have been John Langley of St. Peter Cornhill, London. See will of his widow, Martha, which was proved by her 2 sons John & Richard, 16 Feb. 1642; *P.C.C. Prob.* 11/12, q.n. 188. A bridgemaister or bridgeman (O.E.D.) was an officer having control of a bridge and, in some boroughs, a regular member of the corporation.

<sup>32</sup> *BCGM*, *ibid.*

<sup>33</sup> Langley was clearly a man of respectable means. See e.g. *BCGM*, 26 Nov. 1634, fol. 19 where Langley takes over the lease of a Bethlem tenement (formerly leased to Esaw Lewes), at £4 p/a, for 21 years. See, also, *ibid.*, 8 April 1635, fol. 41, where he has 10 years added to his lease, having spent £12 more on repairing it than originally agreed, & 18 Feb. 1648, fols 387-8, when, 4 years after his death, the Court cancels Langley's outstanding rent of £2.

<sup>34</sup> E.g. Nathaniel Woolfreys was 58 when elected Steward of St. Barts, and served until his death, 20 years later, in 1748. Others, like John Ashton (d. 1765), Steward of Christ's 'for many years', might held office until they were so aged and infirm that they were forced to retire See *LEP*, Nos 3200 & 5824.

<sup>35</sup> This was William Dodd, discharged in 1774. See *infra*.

<sup>36</sup> For this ruling and its extension, see *BCGM*, 21 Oct. 1635 & 12 Jan. 1654, fols 65 & 638-9.

to continue their former occupations, and neither wealthy nor independent enough to retire. Both Stewards and Porters normally died in office, not merely because they were expected, and wanted, to serve out their terms, but because they assumed office rather late in life. The majority perished within 10 years of being appointed<sup>37</sup>. Matthew Benson, Steward 1648-58, was even better connected than Langley, being himself 'an antient [i.e. long standing] Governo[r]' of the hospitals. Yet Benson was apparently finding business difficult and in some need of preferment by the time he applied for the post. The very year before his election, the Court had solicited the Custom House (via two letters) 'for some place of credit and value for Mr Benson', and it was only after the failure of this entreaty that Benson had, 'at his own instance' been nominated and elected to the place of Steward<sup>38</sup>. Latterly, the hospital board made efforts to avert the inevitable confusion of interests entailed in governors holding office. Any governor elected to an inferior office in either Bethlem or Bridewell was obliged 'To Lay down his Staff' (i.e. forgo all privileges attached to a governorship)<sup>39</sup>.

During the eighteenth century, there are signs that Bethlem Stewards were being drawn from a somewhat better class of candidate than their predecessors and that elections were becoming increasingly closed affairs. Both William Birch, Steward 1734-48, and Thomas Hodges, who succeeded him (1748-65), were Common Councilmen for the ward of Farringdon Within<sup>40</sup>. Amongst four or five other competitors, Hodges had beaten John Cooke, a vintner and a governor of the hospitals for over fourteen years<sup>41</sup>. In the factious political atmosphere of the 1730s and 40s, hospital elections had also become rather more politicised. While studies by Wilson,

<sup>37</sup> 12 out of 13 Stewards died in office, 1636-1785, and 7 of these served for under 10 years; for Porters, the proportion during 1633-74 was 10 out of 11, 6 of whom served for under 10 years and 5 of whom lasted less than 5 years.

<sup>38</sup> *Ibid*, 22 Jan. 1647 & 21 July 1648, fols 290 & 352.

<sup>39</sup> As was Benson, see e.g. *ibid*, 21 July 1648, fol. 352. The privilege of nominating new governors seems to have been retained by inferior officers, however, until 1743. See *ibid*, 8 July 1743, fol. 194.

<sup>40</sup> For this info. & following discussion, see *LEP*, Nos 956, 961-4, 3190, 3197-8, 3200-1, 3203-5; *Read's Weekly Journal or British Gazetteer*, Nos 461-2, & *BCGM*, 22 Jan. 1734 & 18 May 1748, fols 324-5 & 365.

<sup>41</sup> Hodges was related to the Bethlem Governor, Capt. Benjamin Hodges (for mention of whom, see *BCGM*, e.g. 14 Sept. 1733 & 22 Jan 1734, fols 318 & 324), & James Hodges, 'tory bookseller and Half Moon [Club] habitué'. Cooke was related to the Governor, George Cooke (for whose nomination & election see *BCGM*, 15 Jan. & 25 Feb. 1731, fols 335 & 338), moderate tory M.P. for Tregony (and latterly, Middlesex) and a Middlesex landowner. See Colley, *In Defiance of Oligarchy*, 40, 158, 164, 173, 258, 260, 270 & 280. While the Court Minutes name only four candidates, the *LEP* names 5, adding William Acton to the list. William was probably the son/brother of the Bridewell Steward (1718-52), Oliver Acton (who had himself succeeded his father Walter Acton, Bridewell Steward 1715-18); another measure of the strength of Hodges's opposition.

Nicholson, Jewson and others, have emphasised the importance of politics, the patronage system and the interest of particular elite groups, in the recruitment and careers of medical staff, little has been said about such influences on the election of the inferior staff of London hospitals<sup>42</sup>. Farringdon was a notorious Tory stronghold, and, as such, a likely source of supply of staff for Bridewell/Bethlem (and St. Barts). Although there were only two candidates for the Stewardship in 1734, the assessment of *The London Evening Post* that 'both are of the same honest Principles so that it is expected the Struggle will be very hard', was a clear message to (Tory) readers that both were of the right political persuasion and is indicative to the historian of how restricted hospital elections were becoming. The elections of both superior and inferior officers could raise considerable passions and dissensions in the ranks of the voting Governors. Several governors had refused to accept the result in the election of 1734, demanding that a poll be conducted, before Birch was indeed confirmed as the victor<sup>43</sup>. In order to prevent such 'heats and misunderstandings...amongst the Governors', the method of balloting was reformed and laid down in painstakingly detail, in the 1730s and 40s, and single ballots instituted for every election where there was more than one candidate<sup>44</sup>. Plainly, however, the results of such elections were often a foregone conclusion to those in the know. The *LEP* forecast Birch's victory weeks before he was actually elected. Half a century later, the diary of Richard Clark, Treasurer of Bethlem 1781-1831 and Lord Mayor of London (1784-5) recorded two meetings with the President and Auditor General of the hospital 'to consider of a successor to Mr [Henry] White late Steward of Bethlem', prior to the vacancy even being declared at a General Court sessions<sup>45</sup>.

By mid-century, candidates for offices at Bethlem and other London hospitals were placing adverts in the press lobbying governors for their support. Both Hodges and Cooke published ads in 1748, detailing their credentials and integrity<sup>46</sup>. According to his ad, Hodges had not merely

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<sup>42</sup> Adrian Wilson, 'The politics of medical improvement in early Hanoverian London', in Andrew Cunningham & Roger French (eds), *The Medical Enlightenment of the Eighteenth Century* (Cambridge, CUP, 1990), 4-39; Malcolm Nicholson, 'The metastatic theory of pathogenesis and the professional interests of the eighteenth-century physician', in *Medical History* (1988), 32, 277-300, & N. D. Jewson, 'Medical knowledge and the patronage system in eighteenth-century England', in *Sociology* (1974), 8, 369-85.

<sup>43</sup> The loser was Christopher Blackett, possibly related to Sir Walter Blackett, Tory M.P. for Newcastle upon Tyne from 1734 to 1777. For Sir Walter, see Colley, *In Defiance of Oligarchy*, 129-30, 172, 224, 273, 292.

<sup>44</sup> See esp. *BCGM*, 4 May & 23 June 1737, & 27 Nov. 1741, fols 435, 439 & 120.

<sup>45</sup> *Guildhall M.S.3985*, part ii, 31 Aug & 5, 6, 15 & 23 Sept. 1785.

<sup>46</sup> Hodges's ad was half a page in length and even notified the governors of the date, time and place of the oncoming election. Like Cooke, Charles Cotton begged the Board's 'Vote and Interest' by advertisement for the Bridewell Stewardship, in 1752, detailing how he had 'been more than Twenty Years a Governor', but lost out to

been a draper (like Langley), but had 'been a considerable Dealer, as a Wholesale Linnen Draper near Thirty Years'; while John Hughes, elected, evidently unopposed, in 1765, was described not merely as a distiller, but as 'an eminent Distiller'<sup>47</sup>.

Despite the rhetoric of their ads, however, both Hodges and Cooke (and, indeed, two of the three other candidates in 1748) would not have applied for the posts of Steward but for the collapse of their businesses. Hodges's elegant account of how, after 'great losses in Trade' and the diminishment of his 'Estate', 'in full Credit and without any Compulsion', he abandoned 'all Manner of Business, with no other View but to satisfy in full...all my Creditors, relying on the Mercy of God and some future Employ', was putting a brave face on near bankruptcy in just the manner that the business-minded Governors would have empathised with. In addition, Hodges had 'a Wife and four Children' 'to support'. Cooke, William Barton and Samuel Sidebottom, had all been burnt out by the great fire in Cornhill, and Cooke's ad betrays more of the quality of a plea for sympathy, than a characterful application.

By the latter eighteenth century, nevertheless, the Steward was enjoying a generous hospital house comprising ten rooms, furniture worth over £130 and even a rack, manger and shed for his horse and chaise, and was permitted to deploy three servants about the hospital to assist him in his duties<sup>48</sup>.

The Porters of Bethlem were recruited from rather more modest backgrounds. Nine of the fourteen men who obtained the Portership between 1633 and 1777 were promoted from inferior posts at either Bethlem or Bridewell. Amongst these nine, one had formerly been Bethlem Barber; seven had been basketmen; two had been Bridewell warding beadies, and one had been a Bridewell Artsmaster, in charge of the sieve makers<sup>49</sup>. Promotional appointments had the advantage that appointees were often already familiar with the hospital, its staff and their own duties, and the Governors confident in their abilities, but the disadvantage that it discouraged competitive and discriminatory elections and fostered conspiratorial relations between porters

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Robert Waite, a draper and a governor for over 16 years. See *LEP*, No. 3817 & *BCGM*, 8 April 1752, fols 59-60.

<sup>47</sup> For Hughes, see *BCGM*, 3 Dec. 1767, fol. 188, & *LEP*, No. 5873. His business had been at Holborn Bridge. Christopher Blackett, who lost out in the 1734 election to Birch, was, likewise described by *LEP* as 'an eminent Grocer; see No. 956.

<sup>48</sup> See inventory of the household furniture of the late Henry White, dated 19 Sept. 1785, which details furniture worth £135 4/, in *Box 'D'*, in *BRHA*, & *BSCM*, 15 Dec. 1781 & 15 Sept. 1785. The number of servants allowed the Steward was only restricted to 3 on White's death, implying that White had employed a few more than this.

<sup>49</sup> To clear up any confusion of numbers here, Francis Wood had served as both basketman and beadle and John Wood, as both basketman and barber.

and servants. During the seventeenth century, appointments were somewhat less cut and dry. For at least five of the six elections which took place between 1633 and 1700, there was an average of between three and four candidates, while only three of those elected were promoted from inferior positions in the hospitals<sup>50</sup>. For the seven elections which occurred from 1700-74, when promotion was almost invariably the rule, there was an average of only two candidates recorded for each election<sup>51</sup>. This should not be interpreted simply as a sign of decreased competition, nevertheless. It is evident that a good deal of the canvassing for governors' votes that went on prior to elections remains hidden from the historian. William Brandling, who filled-in as Porter for a few months during 1713, was given 'liberty to goe for Tenn dayes to Solicite the Governours of Bridewell &...[Bethlem] in order to succeed Mr Pooler' (provided he find 'some p[er]son to officiate for him during his absence')<sup>52</sup>. Being given this helping hand and being praised and rewarded 'for his good service' by the Committee, was not enough, however, to sway the entire Court and to prevail over the electioneering of Benjamin Brockden<sup>53</sup>.

Despite the (seemingly) greater competitiveness of elections in the seventeenth century, Porters seem to have been drawn from lowlier ranks than they were in the next century. Humphrey Withers, who referred to himself in his will as a merchant tailor, had, on his election in 1633, merely been in charge of the Bridewell sieve makers and had plainly looked upon the prospect of returning to his old trade as a decline in status, a resumption of his 'poore condition'<sup>54</sup>. Indeed, the Governors were encountering considerable difficulty in filling the post at this

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<sup>50</sup> As many basketmen were failed candidates as were successful in this period. The basketman, Thomas Cooke, was a failed candidate in 1657; likewise, Edward Lloyd in 1663. In the eighteenth century, while the basketman James Male lost out to Humphry Pooler in the election of 1709, his candidacy was ultimately successful two elections later, in 1715. The Court Minutes are not extant and, thus, the numbers of candidates unknown, for the vacancy of 1662, when John Wrenn was elected.

<sup>51</sup> Only 2 of the 7 elected as Porters, Humphrey Pooler and Benjamin Brockden, were not already in inferior posts at either hospital. The occupations of Pooler and Brockden are not, however, recorded in the Court Minutes. As I have suggested for Stewards' elections, the decline in candidates for the Porter's place may be merely apparent, the consequence of the Grand Committee having taken over the recruitment of staff

<sup>52</sup> See *BSCM*, 7 March & 23 May 1713, fols 114 & 122. Brandling officiated at Bethlem during the sickness and immediately after the death of Humphrey Pooler, c7 March 18 June 1713.

<sup>53</sup> *Ibid.*, 11 July 1713, fol. 127 & *BCGM*, 19 June 1713, fols 710-11. Brandling was lauded in particular by the Committee for his management of the poors' box, as Buckler had been before him, in 1709, implying embezzlement by previous occupiers of the office. See chap. 6.

<sup>54</sup> See *BCGM*, 20 Dec. 1636, fol. 100, where as a result of contentions between the Withers's and the Langleys, since Richard Langleys appointment as Steward 10 months earlier, Withers announces his intention to resign. For his will, see *P.C.C. Prob.* 11/239, q n. 329, fol. 212

juncture. Despite persistent and troublesome strife between the Withers's and the Langley's during the 1630s and 40s and a number of 'earnest' requests on the Porter's part to quit his office, the Board went to considerable lengths to persuade Withers to stay on, 'being destitute of a fitt p[er]son to undergoe that place'<sup>55</sup>. Withers, on the other hand, seems to have had no trouble in obtaining employment outside Bethlem<sup>56</sup>. The Governors were also keen to retain Withers because (with good reason) they conceived him an 'honest dilligent and faithfull' officer, not to blame for the dissensions with the Langleys, and believed that his continued service would be for the 'good' of 'the hospitall' and 'the publique'.

Rather than the more prosperous side of retail from which Bethlem Stewards hailed, two of Withers's seventeenth century successors were tallow-chandlers and one was a yeoman<sup>57</sup>. Failed candidates too seem to have come from the lower ranking occupations<sup>58</sup>. The securities of those elected as Porters normally shared the same or similar occupations, were often the brothers/fathers of appointees and often dwelt in or very near the precinct of either hospital. In the seventeenth century in particular, the catchment area for the recruitment of staff to Bethlem and Bridewell was very localised<sup>59</sup>.

That, in the latter eighteenth century, three of those elected as Porter (Richard Wright, William Dodd and William Nixon) were governors and were prepared to forgo the privileges of their governorships to undertake the office, suggests a rise in its status<sup>60</sup>. Wright, Dodd and

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<sup>55</sup> For this strife, see *BCGM*, esp. 20 Dec. 1636, 7, 14 & 21 June 1637, 28 Feb. 1638, 15 & 26 Nov., 3 Dec. 1641, 26 April 1643, fols 100, 122, 124-7, 165-6, 357, 359, 35-6.

<sup>56</sup> *Ibid*, 21 June 1637, fol. 127, where the Court is 'well satisfied that...Humfrey Withers hath another place p[ro]vided him under Mr Osboldston the Almo[n]ger of this Cittie to be imployed in'.

<sup>57</sup> John Hopkins, Porter 1657-62, and Joseph Matthews, Porter 1663-87, were the tallow-chandlers, while John Wrenn, Porter 1662-3, was the yeoman.

<sup>58</sup> In the two elections for which candidate's occupations are recorded in the Court Minutes (those of 1663 & 1667), there were two basketmen, a weaver, a wax-chandler, a blacksmith, a cordwainer, a draper and a merchant tailor.

<sup>59</sup> Isaac Mount's securities in 1654 were William Mount, a girdler, and John Harward, a haberdasher, both 'dwelling in Bethlem'; the securities of the ex-tallow-chandler, John Hopkins, in 1657, were John Docks(?) Fletcher, a chandler at Bridewell Gate, and John Ligham, an ironmonger, at Billingsgate. The securities of the ex-tallow-chandler, Joseph Matthews, for his post and his leases, were:- in 1663, Edward Matthews, a tallow-chandler (though a hempdresser by trade), & Thomas Pearce, a bricklayer; in 1670, Leonard Dowse, a clothworker, but a turner by trade, & Bernard Lipscom, a carpenter, & both of Bethlem precinct; & in 1672, Dowse & Robert Southwood, a tallow chandler, of St. Thomas's, Southwark. See *BCGM*, 15 Feb. 1654, 28 May 1657, 23 Sept. 1663, 15 Sept. 1670 & 18 Sept. 1672, fols 644, 814, 70, 277 & 444.

<sup>60</sup> All three are recorded in the Court Minutes as obliged 'to lay down his staff'. See *BCGM*, 5 Aug. 1762,

Nixon had formerly been basketmen, however, and were far from members of the governing elite. Yet the wills of both Porters and Stewards also support the argument for a rise in the status and prosperity of Bethlem's inferior officers over the two centuries. While the wills of seventeenth century officers detail pecuniary bequests mostly between 12/ and £20 (although some testators had clearly disposed of much of their estates in their lifetimes), by the eighteenth century, Stewards, like Thomas Weston and William Birch, and Porters, like John Wood and Richard Wright, were disposing of hundreds, or thousands, of pounds<sup>61</sup>.

The only condition of service imposed on Porters, other than security, citizenship and annual re-election, was concerned with the burden of their dependants on hospital funds, rather than with their conduct. After the experience of Withers's Portership, in 1654, no Porter was supposed henceforth to be admitted whose children were unprovided for, or who had 'a child bearing wife'<sup>62</sup>. Subsequently, however, this ruling was never explicitly enforced<sup>63</sup>.

Matrons were invariably, until 1752 (and except for a brief period during 1663-4, when the Governors experimented by seeking to appoint 'a discrete careful & single woemen' from outside

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25 July 1765, 1 Aug. 1771, 7 July 1788 & 16 July 1789, fols 35, 144, 339, 302 & 343. It was standard practice at eighteenth century London hospitals for governors to relinquish their staffs if assuming an inferior office. See Moore, *History of St. Bartholomew's*, vol. ii, 793, re. Barts Porter resigning his governorship in 1739.

<sup>61</sup> At least 1 seventeenth century Porter (Hopkins) & 2 eighteenth century Porters (Wood & Wright) also referred to themselves as 'Gentlemen'. Wood's enormous pecuniary bequests, totalling £2,405, with, in addition, 3 messuages/tenements, seem rather exceptional, however, and are partly explained by his exceptional joint service as both Porter & Barber at Bethlem. The will of Joseph Matthews, Porter 1663-87, which details legacies of over £400, plus two leasehold properties, is an early example of the prosperity which an inferior office at Bethlem might bring to its holders. The witnesses & legatees mentioned in these wills are also of interest as pointers to the status and social/business connections of Bethlem staff. The wills of the Stewards Benson & Yates, & of the Porters, Matthews, Wood & Wright, are all indicative of the central place of the hospital in their lives, all being witnessed by members of the hospital's inferior staff. (Yates even bequeaths rings to the Committee, Clerk & medical officers). The witnesses chosen by the eighteenth century Stewards, Weston, Birch & Hodges, however, all seem to come from outside the hospital. Wood's successor as Bethlem Barber, John Gandell, was a close friend, 'much esteemed' by Wood & made Wood's executor in recognition, another clue to the incestuousness of appointments at Bethlem. The will of Richard Wright, reveals the Porter's friendship with the well-known & very wealthy keeper of Hoxton Madhouse, Jonathan Miles, who is made joint administrator of a trust for the upbringing of Wood's youngest sons. Indeed, Wright was probably related to the notorious keeper of Bethnal Green Madhouse, Matthew Wright, & a good example of the rather shady links established in the trade in lunacy. For porters' wills, see *P.C.C. Probs.* 11/239 q.n. 329, fol. 212; 11/311, q.n. 65, fols 106-7; 11/312 q.n. 716, fol. 100; 11/386, q.n. 25, fols 195-6; 11/802, fols 102-4; 11/913, q.n. 396, fols 130-31; for stewards' wills, see 11/199, q.n. 1, fol. 5; 11/276, q.n. 254, fols 351-2; 11/332, fol. 388; 11/663, q.n. 23, fols 182-3; 11/762, q.n. 171, fols 211-12; 11/909, q.n. 219, fols 181-2, & 11/1134, q.n. 486; & 6/146, q.n. 224.

<sup>62</sup> *Ibid.*, 12 Jan. 1654, fols 638-9.

<sup>63</sup> E.g. John Wrenn died leaving a wife and child 'in Arreare & low estate & condicon', who, on petitioning the Court in 1663, were allowed £10 for their maintenance and livelihood. See *BCGM* 28 Aug. 1663, fol. 64.



the hospital), the wives (or, on one occasion, the daughter) of the Bethlem Porter, and there is little more to be said about their recruitment. This arrangement suited the hospital board because it was both cheap (the Matron was unsalaried until 1694, apart from the 1663-4 spell) and convenient. On the other hand, it seems to have limited the extent of disciplinary proceedings against the Porter and Matron, discouraging the Governors from discharging one and thus losing both<sup>64</sup>. The anonymous Matron appointed in January 1663 had been brought to Bethlem by Godbed, the Steward, while Jane Johnson, who replaced her just over two months later, was appointed on 'being well reported of'<sup>65</sup>. This experience did nothing, however, to commend to the Governors the superiority of unattached appointees over the wives of Porters<sup>66</sup>. As would be expected, matrons generally survived their husbands, and were replaced by the incoming Porter's wife. Like their husband's, however, they were often middle-aged or older, when appointed, and occasionally became so 'Superannuated' that they were 'incapable of p[er]forming the...Office'<sup>67</sup>. From 1752, St. Luke's, too, adopted the system of appointing a married couple as head keepers, as had Guy's (though less consistently) for its lunatic-house opened in 1728<sup>68</sup>.

The death of Rachel Wood in 1752 brought the line of Matrons-cum-Porters'-wives at Bethlem to an end. Two of the next three Matrons were the wives of the Bethlem Steward, elected like male officers on their own petitions, but without any sign of opposition. The other appointee was the Nurse, Mary Spencer, whose succession when the offices of Matron and Nurse were amalgamated in 1765, marked another attempt by the board to economise<sup>69</sup>. Following Spencer's death in 1793 and consultations with the Steward and medical officers, a special com-

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<sup>64</sup> This may partly explain the leniency of the Court when dealing with the absenteeism of the Matthews's in the 1680s. See *infra*.

<sup>65</sup> See *BCGM*, 21 Jan., 11 Feb. & 1 April 1663, fols 31, 36 & 43. Jane was possibly related to the Bethlem Barber, Arthur Johnson, although this seems unlikely when he was elected 7 years after her discharge. See *ibid*, 12 Dec. 1670, fol. 254.

<sup>66</sup> See *infra*.

<sup>67</sup> See e.g. case of Gartwright Wood, *ibid*, 25 Feb. 1709, fol. 465. Mill cent Matthews, Rachel Wood & Mary Spencer, Matrons from 1663-84, 1724-52 & 1765-93, respectively, all served until their deaths, but without any sign of incapacitating infirmities.

<sup>68</sup> See *SLSCM*, *passim* & *Guy's Court of Committee Minutes* (henceforth *GCCM*, *passim*. In fact, only two married couples performed these offices at Guy's in the eighteenth century; Colwel & Dorothy Champion, & William & Mary Clarke.

<sup>69</sup> See *BCGM*, 20 June 1765, fol. 135. Spencer replaced Diana Hodges, who was, nevertheless, permitted to retain her former salary until her death in 1784. For Diana Hodges's will, where she takes pride in her late husband's office, rather than her own, referring to herself only as 'wife of the late Thomas Hodges Steward of Bethlem Hospital', see *P.C.C. Prob.11/1085*, q.n. 596, fols 162-3.

mittee of governors, prompted by a recognition of the Matron's 'highly important and necessary' role in the hospital, laid down, for the first time, a detailed set of qualifications for the post. Returning to its seventeenth century commitment to an unmarried, childless Matron, the Board also specified that the Matron should be between 32 and 40 years of age; 'of a good moral Character'; 'Strong Active and healthy'; able to 'bear confinement and...not subject to lowness of Spirits'<sup>70</sup>. While these specifications reflect an inveterate perceived need for robustness in asylum attendants and indicate the extent to which staff shared the same environmental stresses as patients, they are also suggestive of an enhanced regard for patients' welfare and even of the seeds of a certain receptiveness at Bethlem for the ideas of moral therapy<sup>71</sup>. That the Court proceeded to chose the wife of the Bethlem Steward as the new Matron, however, implies that convenience was still preferred to discrimination in the recruitment of staff.

### Recruitment and Status: Servants

Information concerning the backgrounds and recruitment of servants at Bethlem is much less forthcoming than that available for inferior officers. Evidence is particularly scant during the eighteenth century, when the business of hiring (and firing) had devolved entirely onto the Bethlem Committee, whose minutes merely register, without describing the process of, appointments. For the duration of the period, servants' recruitment was a very casual affair, the Governors sacrificing selectivity for convenience. Before the 1630s, the Keeper seems to have been given more or less a free hand to provide the servants he deemed necessary<sup>72</sup>. Subsequently, the Steward, Porter and Matron (and on one occasion basketmen themselves) were normally made responsible for procuring servants (or, even, matrons)<sup>73</sup>. In 1663, for example, they were instructed to replace all three errant basketmen<sup>74</sup>. While the Steward and Matron continued

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<sup>70</sup> *Ibid*, 31 Jan. 1793.

<sup>71</sup> For more on which, see chaps 3 & 4.

<sup>72</sup> Crooke's two basketmen, Anthony Stanley and Ferdinand Catlin, were kept on at the hospital by the Governors after Crooke's dismissal.

<sup>73</sup> In 1641, the basketmen, John Pewtris and Richard Browne, were 'appoynted to get an honest paynefull man to helpe them a while' during the sickness of a third, Ferdinand Catlin. In 1663, when the newly appointed matron was discharged by the Court, she is said to have been brought to Bethlem by William Godbed, steward. See *BCGM*, 22 September 1641 & 11 Feb. 1663, fols 350 & 36.

<sup>74</sup> *Ibid*, 21 Jan. 1663, fols 30-31.

to have a large hand in the recruitment of men and maid servants throughout the period, they were never permitted the extent of authority accorded the Head Keeper/Master and Head Woman Keeper/Matron of St. Luke's, who were (almost) entirely responsible for obtaining and dismissing the hospital's servants<sup>75</sup>. While the Bethlem Steward had long enjoyed considerable sway over the recruitment and dismissal of servants, it was not until 1765 that the 'Hiring' and 'Discharging' of the Gallery Maids was established, by Court order, absolutely in the hands of the Matron, subject to the approval and 'Consent' of the Committee<sup>76</sup>. The pivotal role of the inferior officers of the early modern hospital in the recruitment of servants and nurses, nevertheless, helps to explain why the latter often exhibited greater signs of loyalty to their immediate superiors than to the hospital board itself.

In the seventeenth century, appointments still (ordinarily) received formal confirmation from the Court, and (rather more rarely) a vetting from the Steward or Treasurer. In theory, those presented might be deemed unfit or others 'more fitt' found by the Treasurer and Governors<sup>77</sup>. In practice, however, servants were seldom appointed to Bethlem, before 1677, with any examination of 'their behavio[ur] and whether such p[er]son be fitt'. This was made a condition of admittance only in the rules devised for the new Moorfields building, when the Committee was required to examine the suitability of every prospective servant and to report its findings to the Court<sup>78</sup>. There is an early instance of a basketman being 'warned to demeane himselfe well' on his appointment, in 1635, and two instances, in the 1650s, of basketmen being admitted 'uppon triall'<sup>79</sup>. Admonitions issued to new members of staff may well have been standard practice in the seventeenth century, but probationary periods of service were the exception rather

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<sup>75</sup> Initially, those recommended for servants' places, or those servants complained of, by the Head Keepers, still had to be officially approved of, or dismissed, by the St. Luke's House Committee. Under the Dunstons' Keepership, however, the Committee seems to have virtually abdicated its role. See e.g. *SLHCM*, 12 June 1761, 3 June 1763, 13 Feb. & 20 March 1789, 12 Sept. 1794, 4 March 1796, & French, *The Story of St. Luke's*, 45.

<sup>76</sup> *BCCM*, 20 June 1765, fol. 135. She was to be 'Absolute Mistress' of this responsibility.

<sup>77</sup> The Court instructed the Treasurer in 1663 either to appoint the 3 servants presented by the Steward and Porter, or to provide 'such others as he shall thinke more fitt'; *ibid*, fol. 31.

<sup>78</sup> *Ibid*, 30 March 1677, fol. 357.

<sup>79</sup> *Ibid*, 27 May 1635, (?) June 1656 & 27 July 1655, fols 47, 758 & 713; cases of Thomas Lewis, Andrew Sapster & Thomas Franke. Sapster's trial was only to last for, at most, 3 weeks, the Steward being ordered to 'certify' to 'the next co[ur]t of his carriage and behavior there'. Franke's admission after 'being well reported of by the Steward' seems to denote the same procedure. In 1672, Francis Wood may also have been admitted after a trial, the Court deciding that he 'may remaine', although the doubt seems rather to arise from his married status; *ibid*, 8 March 1672 & 23 April 1673, fols 376 & 501.

than the rule at Bethlem. At St. Barts, trials of fitness for hospital sisters were established as a condition of admittance as early as 1653. Even this, however, served primarily as a test of their ability to perform menial tasks, rather than of their actual care of the patients<sup>80</sup>.

At Bethlem, it was also not until 1654 that servants, as well as officers, came into election again annually before retaining their places. Yet, as for officers, this never seems to have become more than a formality<sup>81</sup>. Nor, prior to the 1670s, did petitioners compete with other candidates for basketmen's places in Court Elections. The uncontested nature of servants' places in general, during the period, is indicative of the lowly status of their employment, and must have made it difficult for the Governors to discriminate effectively in their recruitment.

The court rulings of 1654 and 1677 were clearly designed to tighten up the scrutiny of staff. In fact, between 1675 and 1693, basketmen were appointed after an examination before the Court, rather than before the Committee; the first and only period during which there was more than one candidate (on average, there were four) for each vacancy<sup>82</sup>. Subsequently, until 1701, five of the eight basketmen admitted to Bethlem were confirmed in their places by the Court only after a trial period of two or three months and an approving account of their conduct from the Steward<sup>83</sup>. The 1677 ruling was reiterated by the Court in 1699, from which time every prospective servant was to be subjected to a tripartite process, of examination by the Steward and confirmation by the Committee and Court<sup>84</sup>.

Despite such rulings, however, there is not a single reference in the Governors' Minutes to a servant being rejected after a probationary examination, suggesting that they were far from rigorous and that the Governors always trusted their steward's opinion. The requirement that servants be confirmed by a court order fell into disuse just a year after its re-enactment<sup>85</sup>.

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<sup>80</sup> See Moore, *St. Bartholomew's Hospital*, vol. ii, 778.

<sup>81</sup> *Ibid*, 12 Jan. 1654, fol. 638.

<sup>82</sup> *Ibid*, 8 Oct. 1675, 27 March & 12 April 1678, 4 July 1679, 15 April & 6 May 1681, 6 Oct. 1682 & 2 June 1693, fols 182-3, 16, 21, 95, 213, 220, 333 & 247.

<sup>83</sup> These eight were Richard Mills, William Corbett, Richard Peach, Joseph Arnold, William Cartwright, Moses Ransome, Stephen Siveler & John Baker. See *ibid*, 2 June 1693, 2 March 1694, 28 June 1695, 28 Feb. 1696, 26 Feb. & 26 Nov. 1697, & 12 April & 8 Nov. 1700; fols 247, 324, 458, 29, 96, 151, 363 & 409, & Box D1, in *BRHA*, where Cartwright signs for receipt of a gratuity, 1 April 1698, the only reference found to his service during this time.

<sup>84</sup> *Ibid*, 11 Aug. 1699, fol. 288.

<sup>85</sup> The last servants to be confirmed in their places by the Court were Siveler and Baker, in 1700.

During the eighteenth century, there is little evidence that probationary periods were being imposed at all upon servants, before 1781. Although the Committee may simply have neglected to record such information in its minutes, there is no doubt that the Governors were more concerned with ensuring that vacancies were filled, than that candidates were fit to fill them. The policy operating at Bethlem from the 1760s, whereby all those serving as basketmen were promoted from initial appointments as assistant basketmen, must, however, have operated as an informal trial of their suitability. In 1781, moreover, just a week after the discharge of a male keeper for cynically selling the clothes of a deceased patient to another patient, the Sub-Committee ruled that 'no person be Appointed a Servant...without a Month's previous Trial'. This was extended to two months in the next year<sup>86</sup>. By the latter eighteenth century, there was plainly a well established pecking order amongst Bethlem staff, with assistant basketmen seeking promotion to junior, or women's, basketman and junior basketmen promotable to senior basketmen, and a similar arrangement prevailing for maids and their assistants<sup>87</sup>. Basketmen might even be demoted to juniors or assistants for misconduct. That one such servant, Watkin Walters, preferred to quit than to submit to demotion, indicates that staff themselves were according an acute significance to their status within the hospital hierarchy, however negatively this status continued to be regarded in the outside world<sup>88</sup>.

Further insurance of the proper conduct of men-servants had been sought from 1677 by demanding that every new recruit procure security of £40 'for his honest and faithfull discharge of his said Service'<sup>89</sup>. Such conditions appear to have done little to restrain basketmen from misconduct, however, and not once do the Governors appear to have sued the securities of a discharged servant. Before 1677, the sole condition of service for men-servants and maid servants was that they must not be (or, subsequently, become) married (or have children)<sup>90</sup>.

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<sup>86</sup> *BSCM*, 6 & 13 Jan. 1781 & 6 April 1782. The keeper was Watkin Walters, who, far from a recent appointee, had already served at Bethlem for 5 years when discharged.

<sup>87</sup> See e.g. *BCGM*, 20 June 1765, where the new assistant basketman is given the right 'for his better Encouragement...[to] Succeed the Junior Basketman'.

<sup>88</sup> *BSCM*, 6 Jan. 1781.

<sup>89</sup> *BCGM*, 30 March 1677, fol. 357. The next 5 basketmen elected, nevertheless, do not seem to have been asked for any security. The first *explicit* mention of this requirement, after 1677, is not until 1682, when Richard Fancourte's and James Hewitt's securities are extended to include a guarantee to quit the hospital (on notice) and that their families will not be a burden to either hospital or parish. *Ibid*, 6 Oct. 1682, fol. 333.

<sup>90</sup> E.g. see *ibid*, 16 May 1655, fol. 702, re. 'the orders of that house [that] noe married man ought to bee a servant there'; and 5 April 1681, fol. 213, re. order 'that noe p[er]son whatsoever shalbe elected and chosen a beadle or servant in the hospitall of Bethlem to looke to the poore Lunatikes therein that hath a w[ife] and

Male and female servants alike were debarred from election or discharged if discovered to have married<sup>91</sup>. The Governors' concern here was twofold. First and foremost, they were determined to avoid the situation whereby the families of deceased servants became a financial burden on the hospital. Secondly, the presence of a wife was liable to involve inevitable distractions from servants' attendance, and the Governors were keen to ensure that patients were attended day and night and that servants maintained permanent lodgings in the house. Yet even this narrow definition of suitability was not an absolute stipulation. Francis Wood, William Jones, William Whetstone (or Whetham) and Richard Miles (or Mills) were all elected as basketmen despite being married. In deciding to persist with Wood and Jones, in 1673, the Court was more worried about the living conditions of their wives '& whether they be any charge to the...hospitall', than about the competence of their husbands. Indeed, the regulation might militate against retaining good servants, as when the Governors felt obliged to dismiss Thomas Davis (and his new wife, the Matron, Jane Johnson) maugre the fact that he was conceived by the Treasurer to be 'fitt diligent and faithfull'<sup>92</sup>.

The priorities of economy and quality of service were by no means mutually exclusive, however. In the cases of (apparently) competent staff, the Court might find ways of circumventing its own ruling. Davis was not so much removed as transferred, being appointed Assistant to the Bridewell Beadle, the Treasurer knowing 'none more fitt'<sup>93</sup>. It was partly in the same regard that the issue of marriage was waived by the Governors in the cases of Jones and Wood. Jones was 'well reported of to be an honest industrious sober man'. Wood was esteemed so highly that he not only retained his place, but was elected (one might say, promoted) to the post of a Bridewell Beadle, in 1675<sup>94</sup>; filled in during the sickness of a basketman, in 1678<sup>95</sup>, and was

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Children'. I have not yet managed to locate the original order to this effect. For similar rules at nineteenth century establishments, see Smith, 'Behind closed doors', 316-7.

<sup>91</sup> Married basketman ordered discharged were e.g. Thomas Freckleton and Thomas Davis; see *ibid*, 16 May & 27 July 1655 & 23 Sept. 1664, fols 702, 713 & 114. Likewise, the maid servant, Abigail Bodell, was dismissed for marrying the basketman, John Wood; *BSCM*, 31 Dec. 1709, fol. 10. The abortive experiment with a new matron, autonomous from the Porter (whose wife generally filled the post), in the 1660s, was also to require a 'single woemen'; *BCGM*, 21 Jan. 1663, fol. 31. Re. rejected petitioners for the places of basketmen, see *BCGM*, 12 April 1678, fol. 21.

<sup>92</sup> *Ibid*, 23 Sept. 1664, fol. 114.

<sup>93</sup> This was immediately after his dismissal from Bethlem, he having served out the usual 3 months notice. *Ibid*, 28 Dec. 1664, fol. 127.

<sup>94</sup> He was preferred over one Richard Butler, a hempdresser; *BCGM*, 5 Feb. 1675, fol. 97.

<sup>95</sup> *Ibid*, 27 March & 12 April 1678, fols 17-18 & 21.

permanently restored to Bethlem in 1687, when promoted to the position of Porter<sup>96</sup>. Indeed, only one basketman amongst those admitted between 1633 and 1700 was discharged solely for being married, without subsequently being appointed to a Bridewell office. When dismissing Whetstone in 1679, it was less the fact that he 'hath a wife and Children' which persuaded the Court that he was 'very unfit', than his incompetence and infirmities, although neither had prevented his original appointment in 1678<sup>97</sup>. Despite being prepared to bypass their ruling over marriage, the Governors were always careful, in so doing, to obtain guarantees that servants would not absent themselves from their posts. In the cases of Miles, Fancourt and Hewitt, their wives were forbidden to 'come...to them in the said hospital' at all<sup>98</sup>. Indeed, it is a mystery where or when (if ever) any of these men were supposed to see their wives.

The majority of servants admitted to Bethlem throughout this period were, nevertheless, single. It might be supposed that if the Governors had permitted servants to be married, the occasion, or even inclination, for the sexual abuse of patients by basketmen might have been somewhat obviated. Marriage was no restraint, however, on the conduct of the 'honest industrious sober' Jones, discharged for this very offence 9 years after his admission<sup>99</sup>. Indeed, as we shall see, the Governors' ability to accurately evaluate the character of their servants was severely limited. Jones was one of two basketmen vilified by James Carkesse as 'fierce' to the point of brutality<sup>100</sup>. As Porter, Wood was to be found guilty of large scale embezzlement from the poors' box<sup>101</sup>.

Servants were also recruited to Bethlem on the recommendation of governors or others connected with the hospital. William Whetstone was 'recomended by Ellis Crispe Esq', a very

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<sup>96</sup> *Ibid*, 4 March 1687, fol. 230.

<sup>97</sup> *Ibid*, 12 April 1678 & 23 May, 4 June & 4 July 1679, fols .

<sup>98</sup> The Court ordered that Miles's 'wife come not to him in the said hospital nor hee absent himselfe there day or night'; *ibid*, 15 April 1681, fol. 213. Fancourt and Hewitt, admitted in 1682 despite being married, were required to provide security to the same effect, and in addition that their wives and families never become 'burdensome or a charge' to either hospital or parish; *ibid*, 6 Oct. 1682, fol. 333. The Court had been rather more considerate when considering the cases of Jones and Wood, who were allowed (temporarily) to 'lodge every night by turnes [my italics] in the...hospitall'; *ibid*, 23 April 1673, fol. 501.

<sup>99</sup> For sexual abuse, see *infra*.

<sup>100</sup> *Lucida Intervalla*, and *infra*.

<sup>101</sup> See chap. 6, *supra*.

active governor, while Joseph Arnold was admitted on 'severall Governors now present Giveing this Court a good Character of the Petitioner to his fidelity', and on the Court's finding him 'a proper and fitting person'<sup>102</sup>. William Jones was, likewise, admitted being 'well knowne to J[ohn]n Tanner thelder [sic] brickelayer [of the united hospitals]', while Richard Peach was 'received on Tryall' on the Court 'receiving a good [but anonymous] account of [him]'<sup>103</sup>. Obviously, recommendations served as further assurance of the future good conduct of appointees and a means for the Governors to discriminate amongst candidates. Yet recommendation was far from a reliable guarantee, and at least three of these basketmen were discharged from Bethlem as totally unfit for service. I have already mentioned Jones's discharge, while Peach disappears from the minutes without trace, after his formal admission<sup>104</sup>. Arnold was dismissed within just four months of his appointment for his 'great and notorious misbehaviour'<sup>105</sup>. Whetstone was found to be not only married with children but 'aged [and] weakly', having soon succumbed to 'a flux' and a long period of illness, and 'very unfit for the Service...ever since hee was admitted' (although allowed to remain in his post for nearly fourteen months)<sup>106</sup>. Crispe was 'desired', with some pique by the Court, to get Whetstone into 'St Thomas[s] hospitall...to be recovered of his sicknes'.

Once again, it is Carkesse's comments which are of more interest here than the Governors'. In Carkesse's striking description of the Bethlem Porter and servants as a single Cerberus, with one head (Matthews) and 'three tails' (Jones, Langdale and Whetstone), Whetstone is the tail with 'no sting', which causes 'the Monster' to 'rail'<sup>107</sup>. Despite their evident bias, Carkesse's poems; juxtaposing the weak Whetstone against the 'fierce' and obsequious tails of his colleagues, which 'wag only, and on their Master fawn'; offer a rather different, and not unconvincing, perspective on the politics of Whetstone's dismissal, the kinds of qualities that

<sup>102</sup> *BCGM*, 4 June 1679 & 26 Feb. 1697, fols 91 & 96.

<sup>103</sup> *Ibid*, 29 March 1672 & 28 June 1695, fols 382 & 468.

<sup>104</sup> For which, see *ibid*, 28 Feb. 1696, fol. 29.

<sup>105</sup> *Ibid*, 18 June 1697, fol. 117. He was described as 'by noe means a fitt person for the s[ai]d Service...without manifest detriment to the order and good Governement of the...hosp[ita]ll'. Regrettably, the minutes are no more explicit about exactly what his 'misbehaviour' had involved.

<sup>106</sup> *Ibid*, 23 May & 4 June 1679, fols 88 & 91.

<sup>107</sup> Carkesse, in *Lucida Intervals*, esp. poems entitled 'Jackstraw's Progress', 'The Founder's Intention' and 'The Mistake', 21-3, 52 & 62.



made for a successful servant at Bethlem and the inner life of the hospital. Physical prowess was plainly highly prized amongst recruits to the Bethlem staff. It may be surmised from Carkesse's account, however, that Whetstone would have been more popular with patients than he was with his colleagues<sup>108</sup>.

Very little can be gleaned from the Governors' Minutes concerning the social origins of servants recruited to Bethlem, although undoubtedly they were very humble, and on a par with the majority of patients. Surviving receipts for servants' wages etc, signed with marks, suggest that, like the servants of St. Luke's, a large number were illiterate<sup>109</sup>. The few cases where the former employment of basketmen is recorded suggest that they were primarily drawn from the ranks of small craftsmen and tradesmen, and ex-apprentices, and were rarely already in service, let alone experienced with the insane. Richard Peach was a currier; Joseph Arnold, a weaver; Moses Ransome, an ex-apprentice, journeyman and (on his admission) a weaver; Samuel Steers, an ex-apprentice and (on admission) a hemdresser, and John Batts was free of the Girdler's Company<sup>110</sup>. Both Steers and Ransome were, in fact, ex-Bridewell apprentices, which must have disposed the Board favourably towards their petitions for admission and encouraged them to apply in the first place<sup>111</sup>. Most of these men must (understandably) have regarded the employment of a basketman as more lucrative and more secure than that available in the yards and market places.

During the eighteenth century, nothing whatsoever is recorded in the Governors' Minutes concerning the previous employment of Bethlem servants. Obviously, such details were accorded much less significance by the Governors for servants than for officers. While the lack of any record may be more a product of the abbreviated nature of the Committee Minutes, than a genuine lack

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<sup>108</sup> For a fuller discussion of the meaning of Carkesse's view of Bethlem staff, see *infra*, 'Performance'.

<sup>109</sup> See 'Box D', in Bethlem archives & French, *Story of St. Luke's*, 20-21.

<sup>110</sup> *BCGM*, 25 Aug. 1654, 4 July 1679, 28 June 1695, & 26 Feb. & 26 Nov. 1697, fols 673, 95, 458, 96 & 151.

<sup>111</sup> Steers had served his apprenticeship with the Bridewell Artsmaster, William Smyth, and only petitioned the Court for his portion of Lock's Gift (a £10 contribution, out of John Lock's legacy to the hospital, to help establish Bridewell apprentices in their trades, and payable in two instalments, on completion of the term and once the apprentice was established) in 1690, 11 years after his admission to Bethlem. He was made a freeman of the city the following year, but had his petition for a further part of Lock's Gift refused by the Court, in 1695, as he was not set up in his trade. See *ibid*, 1 March 1633, 27 Feb. 1691 & 28 June 1695, fols 52-3, 105 & 402. Ransome had been brought up as an apprentice with either William Lee or a Mr. Long (the minutes are contradictory in this respect), worked subsequently as journeyman for his former master and, by 1691, was set up in trade in Green's Yard, Tower St., in St. Giles in the Fields. He received the full amount of Lock's Gift prior to his appointment to Bethlem. See *ibid*, 13 Feb. 1691 & 26 Nov. 1697, fols 101 & 151. Re. Lock's Gift, see *ibid*, 1 March 1633, fol. 317, & *passim*.

of interest on the Governors' part, there seems little doubt that servants were often hired (and fired) with little ceremony, obtainable one a penny. It is likely, however, that a better class of basketman had begun to be attracted to the hospital by mid-century, and more especially, from the 1760s and 70s, when their salaries were augmented to a level thirteen times their previous rate<sup>112</sup> In the 1750s and 60s, basketmen were for the first time wealthy enough to have their wills registered in the P.C.C.<sup>113</sup>.

Even less may be ascertained about the recruitment and backgrounds of the maid servants of Bethlem. For the duration of the seventeenth century, maid servants are rarely even named, let alone details of their appointment given<sup>114</sup>. Elizabeth Withers, Matron at Bethlem until the death of her husband, in 1654, was subsequently appointed as maid servant there, and was not the last officer's wife to be sympathetically retained on the hospital's payroll<sup>115</sup>. Whereas the Governors must have been familiar enough with her character by this stage, she was soon to prove disorderly, if not unfit for her duties<sup>116</sup>.

Only once, in the eighteenth century minutes of the hospital, is there any evidence that maid servants were appointed on recommendations, or, likewise, that they contested their posts with other candidates, although one assumes that this was more common a practice than the Minutes testify. Mary Hilliard obtained her place in 1713 'being well recommended', while Elizabeth Lewis prevailed over two other hopefuls in 1717<sup>117</sup>. That one of these failed candidates, Ellen Owen, was admitted to the very next vacancy, is another indication of the general lack of discrimination involved in servants' appointments. Nevertheless, the contest had originally

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<sup>112</sup> See *infra*, 'Salaries'.

<sup>113</sup> I.e. the Prerogative Court of Canterbury, where all testators were required to be worth £40? See e.g. wills of Thomas Wright, William Hart, Anthony Cockrum and Edward Davies; *P.C.C. Probs* 11/820, 11/819, 11/835, & 11/909, q nos 24, 315, 34 & 230.

<sup>114</sup> Only 6 maid servants are mentioned between 1633 and 1700, and the first of these remains entirely anonymous. The other 5 are Elizabeth Withers, Susan Nooke, Joan Somers, Margaret Penny and Elizabeth Clashby. See *BCGM*, 31 July, 2 Sept. & 20 Nov. 1657, 24 Sept. 1658, 2 Nov. 1666, 20 May & 7 Oct. 1668, 27 March & 12 April 1678, & 27 Jan. 1693; fols 822, 825, 835, 69, 15-16, 93, 110, 17-18, 21 & 220.

<sup>115</sup> *Ibid*, 31 July 1657, fol. 822. Diana Hodges, Matron, and widow of the Bethlem Steward, Thomas Hodges, was on her own request granted her salary of £10 p/a for life, in 1765, provided she quit her office and apartment directly her successor was chosen. She appears in the Salaries Book of the hospital in receipt of this sum until her death in 1784. See *BCGM*, 20 June 1765, fol. 135 and *Bethlem Salaries Book*, 1777-1815, henceforth *BSB*..

<sup>116</sup> See *infra*, 'General Conduct'.

<sup>117</sup> *BSCM*, 7 Feb. 1713 & 27 July & 3 Aug. 1717, fols 112 & 264-5.

been a two horse race only, in which Lewis was a late arrival. Indeed, it seems that, as in this case, the Committee usually received petitions for vacancies in advance and summoned the applicants to be examined in person the following week<sup>118</sup>. As for basketmen, however, the Governors' concern to supply vacancies as quickly as possible can have left little scope for selectivity.

Women might also be presented as maid servants to Bethlem at the expence of their parishes, in the same way that paupers were removed as burdens on the rates and provided with a livelihood by being put out to domestic service. It was thus that the churchwardens of Allhallows Lombard Street paid 12/ in 1764/5 to get Sarah Fitch 'admitted a Nurse in Bethlehem Hospital', a prohibitive price which may have discouraged non-pensionable poor from applying for the post<sup>119</sup>. Fitch's presentation also provides explicit evidence of the 'Certificate' or testimonial required by the Governors before applicants were considered. The lack of any reference to Fitch or her application in the Governors' Minutes, is further evidence that recruitment to Bethlem was somewhat less straightforward than appears at first sight. Fitch's reappearance in the Churchwardens' Accounts as an object of relief, in 1768/9, may mean that her service at Bethlem lasted roughly four years. It is likely that the majority of maid servants appointed to Bethlem came from similarly humble backgrounds of domestic service and poor relief.

The Governors became more relaxed about their preference for single servants in the eighteenth century. In 1769, Mary Davi(e)s, wife of the basketman, Reynold, was appointed 'to ye Barr Gates' and from 1777 (by which time her husband was Porter), worked for over twenty years at the hospital as a laundry maid<sup>120</sup>. The Governors were apparently stricter with the status of maid servants than basketmen, Abigail Bodell receiving her marching orders on marrying John Wood c1709, whereas her husband was retained and ultimately promoted<sup>121</sup>. In 1738, the basketman, James Grayson, had married a patient, Hannah Hollis, six days before her

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<sup>118</sup> Owen and Gray were ordered to 'attend this Committee next Saturday in order for one of them to be rece[ieve]d a Gallery Maid', but it was Lewis who was preferred when the Committee reconvened.

<sup>119</sup> Guildhall M.S. 4051/2. 'Nurse' probably means maid servant, here, although the office of Nurse was not abolished at Bethlem until 1765. See also Guildhall M.S. 4457/6, c23 March 1776, for similar payment of 10/6 by churchwardens of S. Stephen Coleman St. 'for Necessarys' for Mary Ford 'to be admitted a Nurse in the Hosp'tal'—although it is not clear which hospital.

<sup>120</sup> See *BSB; Steward's Accounts*, 1763-74; *BSCM*, 24 Dec. 1791, fol. 47.

<sup>121</sup> *BSCM*, 31 Dec. 1709, fol. 10. While the great majority of basketmen remained bachelors, the wills of Thomas Wright and Anthony Cockrum reveal that they were both married; *P.C.C. Probs* 11/820 & 11/835, q. nos 24 & 34, fols 187 & 274. Status virtually disappears as an issue for staff in the eighteenth century minutes.

discharge, without any sign of disapproval from the Governors<sup>122</sup>.

The espousal of staff with patients appears to have been a rare occurrence at Bethlem. Yet even the occasional inter-marriage, alongside the more frequent marriages between staff, suggests how much the lives of officers and servants were conditioned by their environment<sup>123</sup>. Furthermore, marital and other familial relations, constitute another dimension via which staff were often recruited to Bethlem<sup>124</sup>.

The recruitment of the Nurse, cook or 'cook maid', laundry maids and assistant servants, seems to have been no different to that for other Bethlem servants. Elizabeth Clashby, the first Nurse appointed to Bethlem (in 1693), far from the 'trained nurse' that Denis Leigh describes, was simply promoted from the position of maid servant, being regarded as 'an experienced and able person about the Lunatics'<sup>125</sup>. Despite this precedent, however, none of Clashby's successors seem to have served an apprenticeship as maid servants, but were recruited from

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<sup>122</sup> *BAR*, Hollis, of St. Mary, Lambeth, in Surrey, had been admitted 8 Oct. 1737 & was discharged 22 April 1738, having married Grayson 6 days before. The Committee Minutes in which Grayson's discharge may have been recorded do not, however, survive for this period.

<sup>123</sup> Only 3 marriages amongst staff are mentioned in the minutes, c1633-1777; those of Thomas Davis, basketman, with Jane Johnson, matron, in 1764; John Wood, basketman, with Abigail Bodell, maid servant, by 1709, and Reynold Davi(e)s, basketman, with Mary \*\*\*\*\*, maid servant, by 1769.

<sup>124</sup> Just how nepotistic appointments to Bethlem were is by no means easy to substantiate, however. Amongst the basketmen, Nathaniel and Thomas Freckleton, serving in the 1640s and 50s, were probably brothers; Francis Wood, basketman, beadle, and finally Porter, from 1672 until his death in 1709, was possibly the father of John Wood, basketman from at least 1709, barber from 1718, and Porter from 1724 until his death in 1753, and of Christopher Wood, basketman from at least 1713 until his discharge in 1716; Richard Wright, basketman from at least 1735 until 1753, and Porter from 1753 until his death in 1765, was probably related to Thomas Wright, basketman from 1751 until his death in 1755, and to Sarah Wright, nurse from 1718 until her discharge (?) in 1727 and latterly (according to Alexander Cruden), the wife of Matthew Wright, keeper of Bethnal Green madhouse; Thomas Wright may, himself, have been the cousin of William Morgan, who he succeeded as basketman (for his aunt, mentioned in his will, was an Elizabeth Morgan); Edward Davi(e)s, basketman from c1762 until his death in 1764, was possibly related to Reynold Davi(e)s, basketman 1766-74, Porter 1774-7(?), and to Edward Davi(e)s, assistant, cook and basketman, from c1783 until the early nineteenth century; Thomas Dunstan, basketman (and assistant basketman) 1774-1781 and subsequently renowned head-keeper of St. Luke's, was probably related to Edward Dunstan, cook and basketman in the early 1780s; Thomas Hawkins, assistant and basketman in the 1760s and 70s, was possibly related to William Howkins, cook and basketman in the 1780s; Edward Russell, assistant basketman in the 1780s, was possibly related to George Russell, basketman by 1800; Anne Nixon, laundry woman from c1777 until at least 1790, was probably wife of William Nixon, assistant, basketman and porter, over the period 1767-93(?), just as Mary Davi(e)s, bar gates servant and laundry woman, from 1769 until at least 1790, was wife of Reynold Davi(e)s; Jane Hughes, maid servant by 1754, may have been related to John Hughes, Steward 1765-70; Hannah Matthews, Matron 1684-7, succeeded her mother, Millicent Matthews, to the post. Obviously, the family connections amongst Bethlem staff require detailed genealogical research.

<sup>125</sup> *BCGM*, 27 Jan. 1693, fol. 220; Leigh, *Development of British Psychiatry*, 2.

outside the hospital<sup>126</sup>. While nurses were originally supposed to be single, Ellen Swethenham inter-marrying and vacating the house in 1718, by mid-century appointees were all married<sup>127</sup>. Nor, after Clashby, is there any record of nurses undergoing a probationary period of service<sup>128</sup>.

### Salaries, Perks and Gratuities

The rather poor standards of recruitment at Bethlem, the generally inferior quality of its nursing and the low level of staff salaries (until the latter eighteenth century), were clearly inter-related. When servants wages remained at the same meagre levels of between £2 and £5 10/ for 130 years, from 1635-1765 (see Fig. 5b), it is hardly surprising that much of their energy was devoted to embezzling, extortion and petty profiteering (see *infra* and chap. 6 on visiting and the poors' box)<sup>129</sup>. Neither is it remarkable that Bethlem's servants were drawn from the poorer, labouring classes, nor that 'Bedlamite nurses' were regarded with such contempt by the educated classes and were accorded so little status throughout the period. Tending the insane was very much at the foot of the hierarchy of wages for hospital nursing. It was not until the 1680s and 90s that Bethlem basketmen received the encouragement of gratuities, on top of their salaries, a reward which had been enjoyed by Bridewell beadles for over thirty years<sup>130</sup>. In 1645, the sisters of St. Barts were already being paid well over twice as much as the lowly maid servants of Bethlem, and nearly £3 more than Bethlem basketmen. Sisters and nurses at Guy's, on its foundation in 1725, earned (respectively) over six and five times the wages of Bethlem maids. Bethlem staff were, for the duration of the period, paid substantially less than staff at

<sup>126</sup> I.e. Ellen Swethenham, Nurse from at least 1709 until 1718; Sarah Wright, Nurse from 1718 until at least 1727; Mrs Mary Hughes, Nurse until 1756, and Mrs Mary Spencer, Nurse from 1756-65, when the offices of Nurse and Matron were amalgamated. See *BSCM*.

<sup>127</sup> *Ibid*, 18 & 25 Jan. 1718, fols 2-3.

<sup>128</sup> In Clashby's case this lasted a year, being a singular imposition, designed to evaluate the utility of the newly created post. See *ibid*, 27 Jan. 1693, fol. 220.

<sup>129</sup> This stagnation of hospital wages occurred in a period, c1630-1730, when, according to some historians, 'real wages doubled' across the board. See E. A. Wrigley & R. S. Schofield, *The Population History of England 1541-1871* (Cambridge, C.U.P., 1981, 1989), Appendix 9, 638-44; E. H. Phelps Brown & S. V. Hopkins, 'Seven centuries of building wages', in E. M. Carus Wilson (ed.), *Essays in Economic History* (London, 1954 & 1962), 2 vols, ii, 168-96; J. A. Sharpe, *Early Modern England. A Social History 1550-1760* (London, etc., Edward Arnold, 1987), 212.

<sup>130</sup> Basketmen's bi-annual gratuities did not commence until the 1680s, and were not regularly dispensed until the 1690s. See *BCGM*, 7 March 1684, 30 April & 15 Oct. 1686, 11 Jan. 1689, 8 March 1690, 27 March & 4 Dec. 1691, fols 411, 162, 201, 353, 33, 117, 155, & *passim* thereafter. For Bridewell beadles gratuities, see e.g. *ibid* 24 Sept. 1651, 31 March & 6 Oct. 1652, fols 510, 539 & 569.

Bridewell<sup>131</sup>.

Inferior officers fared little better (Fig. 5a). Economising priorities meant that, in the seventeenth century, officers were standardly, in their conditions of service, forbidden to request any increase in their salaries<sup>132</sup>. The Bethlem Matron was unsalaried for almost the entirety of the period 1635-93, only sharing in her husband's wages. The Porter's own wages (like the servants') remained unchanged for 130 years. In 1725, the Porter of Guy's was being paid more than three times as much as the Bethlem Porter, while Guy's Matron received five times as much as the Matron of Bethlem. The Bridewell Matron was receiving more than three times the salary of her counterpart at Bethlem, at the turn of the eighteenth century. From 1736, the difference was fourfold<sup>133</sup>.

The disparity began to be redressed only in the 1760s and 70s, with the curtailment of visiting, when basketmen's wages were raised to £10 p/a and maid servants' wages to £8 p/a, and four years later, to £20 and £14 p/a respectively. Likewise, the Matron's salary was, for the first time, raised above that of the Porter's (whose role as supervisor of visitors and of the hospital doors was being steadily reduced), to £24 in 1765 and to £40 in 1769. The generality of society seems to have experienced a rise in incomes, from the 1760s or 70s, which was sustained until the 1790s, following on from a period of sixty years of stagnation<sup>134</sup>. By the 1770's, salaries for Bethlem nursing staff had (if only in individual terms) substantially surpassed those available to the nurses of general hospitals. The sisters of St. Barts had to wait until 1782 before their wages were increased again to 5/ p/w (i.e £13 p/a), barely half that received contemporaneously by Bethlem maid servants, and just over a quarter of the wages of Bethlem basketmen.

It is, however, somewhat misleading to compare wages at such large and wealthy establishments, or wages at general hospitals at all, with wages at Bethlem, the smallest, most specialised and least affluent of the great London hospitals. Even a comparison with Guy's lunatic-house,

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<sup>131</sup> In 1710, e.g., Bridewell beadies received more than 3 times the salary of Bethlem basketmen/beadies; twice their gratuities; an additional 17/ or 18/ in 'watch money'; 30/ each in lieu of 'summoning money' formerly charged for summoning prosecutors, & a few more shillings in 'Court fees'. *BCGM*, 24 Nov. 1709 & 26 May 1710, fols 521 & 546.

<sup>132</sup> See e.g. articles of Helkiah Crooke & Richard Langley; Alderidge, *Management & Mismanagement*, 157, & *BCGM*, 13 April 1619 & 4 Nov. 1635, fols 66-7 & 110.

<sup>133</sup> See *BCGM*, 2 July 1636 & 25 March 1736, & Fig. 5a.

<sup>134</sup> See e.g. John B. Owen, *The Eighteenth Century* (London, Thomas Nelson, 1974), 316-7. Wrigley & Schofield, in their revised version of Phelps, Brown & Hopkins's real-wage series for building craftsmen in southern England, show a 50% rise in wages over the period 1773-96, compared with a rise of under 10% during 1710-73; *Population History*, 640.

where the solitary keeper and sister received £35 and £25 respectively, as against the £10 each paid to the Bethlem Porter and Matron, seems inappropriate given that Guy's was built to house only twenty patients and that its keeper and sister performed all of the duties. To a far greater extent than was customary, the Bethlem Porter and servants were also reliant on visitors' tips to supplement their incomes, tips which were to add increasing substance to their salaries as the period progressed. In 1676 and 1677, takings at openings of the servants' box had already reached figures in excess of £20 and £30, affording the Porter and Matron as much as an extra £11 between them; the basketmen another £5 each; and the maid servants another £3.50 each, on top of their wages<sup>135</sup>. By the mid-eighteenth century, staff portions from the servants' box must have rivalled their salaries<sup>136</sup>. Nursing staff at all city hospitals found means to supplement their low wages out of the pockets of patients and (less frequently) visitors. There is little doubt, however, that the meagreness of salaries for servants to Bethlem (let alone the less attractive nature of their duties) restricted recruitment there more severely than at other city hospitals.

The inadequacy of staff wages is indicated by the frequency with which staff petitioned for, and were refused, a raise, or complained about the smallness of their salaries<sup>137</sup>. The Governors were not unusually unsympathetic to their staff's requests for raises, but preferred, like most hospital boards, to grant a gratuity rather than a wage increment (so to avoid inflationary precedents), or to find some alternative means of recompense. By 1735, the Bethlem Porter and servants had become accustomed, without authority, to bolster their wages by charging a fee of 9/, plus another 5/ to the servants' box, on the admission of every patient<sup>138</sup>. While the Governors abolished these fees and recognised that staff wages were 'unequal to their Trust',

<sup>135</sup> See e.g. *BSCM*, 20 Oct. 1676 & 16 Feb. 1677, when £30 14/ & £24 respectively are recorded as being received from the poors' and servants' boxes. That both sums were apportioned between the servants implies that both were actually receipts from the servants' box. In April 1678, a basketman's share was only £2 16/, however, suggesting that only £16 16/ was taken from the box at this juncture; *ibid*, 12 April 1678, fol. 21. These takings were dispensed according to a fixed division of  $\frac{3}{8}$  for the Porter and Matron (i.e.  $\frac{1}{5}$  for the Porter &  $\frac{7}{40}$  for the Matron),  $\frac{1}{6}$  each to the basketmen and  $\frac{1}{16}$  each to the maid servants. See *ibid*, 3 July 1663, fol. 57. Originally, the Porter enjoyed  $\frac{1}{3}$  of the proceeds; *ibid*, 31 July 1657, fol. 822. From 1753, the Porter's share was increased to  $\frac{4}{17}$ ; *BSCM*, 20 June 1753, fol. 355. The Steward normally received nothing from the servants' box, but exceptionally, in 1676, was rewarded with £5 in respect of his extra pains during the move to Moorfields.

<sup>136</sup> In 1752, with the escalation of visitors to the hospital, a basketman's share was £9 6/, indicating a total of £64 16/.

<sup>137</sup> E.g. for basketmen's petitions, see *ibid*, 7 March 1684, 10 April 1685, 30 April 1686, 4 March 1687 & 28 March 1690, fols 411, 67, 162, 231, 33; for Steward's, see 24 Sept. 1662, 15 Jan. 1692, 5 May 1699, fols 14, 162 & 262.

<sup>138</sup> for this & ensuing discussion, see *ibid*, 16 May 1734, 27 March 1735, 21 Aug. 1635, fols 327, 343 & 359 & *BSCM*, 25 March 1735 & 16 July 1735, in *BSCM*, fols 312 & 326-7.

instead of increasing staff salaries out of hospital funds, they re-imposed (just four months later) a more specific charge of 10/ to the servants' box for parochial admissions. In the face of predictable evasion 'by the parish Officers', however, the fee was soon converted into a universal 'contribution' from patients' friends, at the admitting Committee's discretion, but 'not exceeding 10/'<sup>139</sup>. From 1759, when the expence of this admission fee was assumed by the hospital, servants were receiving 10/6 'in General' as 'Box Money', for every admission, while basketmen were charging another 1/ 'for Enquiring after Securities', revealing that the 10/ sealing had slightly gone by the board<sup>140</sup>. Moreover, judging from governors' calculations of the numbers of patients admitted during 1752-58, Porter, Matron and servants could make almost £100 p/a between them, simply from the admission of patients<sup>141</sup>. Obviously, this would depend on the sureties of every patient admitted consenting to make the full contribution, and parish records suggest that payments of 10/ were the exception rather than the rule (see chap. 6). In essence, this is another example, like the servants' box itself, of how the 'abuses' of staff were ultimately enshrined and vindicated in policy. Despite the meagreness of staff wages, in terms of money on the side and of material perks (see *infra*), employment at Bethlem was a substantial living, from which staff can have had very few necessary outlays to deduct. Yet, while the incomes of staff clearly considerably exceeded their salaries<sup>142</sup>, low salaries clearly incited peculation.

Perhaps the best comparative source for salaries at Bethlem is salaries at St. Luke's (Figs 5c and 5d). Established very much as a reforming rival to Bethlem, St. Luke's also (initially, at least), offered superior wages to those given staff at Bethlem, determined from the outset to procure an improved standard of nursing. On its foundation, staff were immediately forbidden to accept 'any Fee, Gratuity or Reward' from anyone dealing with, or entering, the hospital, on pain of dismissal<sup>143</sup>. The Board was intent on avoiding the situation at Bethlem, where staff were so often preoccupied with acquiring perks, rather than with their duties. When hiring and

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<sup>139</sup> *ibid*, 13 Nov. 1735, fol. 364, & *BGCM*, 8 Oct. 1735, in *BSCM*, fol. 342.

<sup>140</sup> *BGCM*, 3 July 1759 & 16 Aug. 1759, fols 220-21 & 229; *BCGM*, 29 June & 11 July 1759, fols 306 & 314. For a fuller analysis of admission fees, see *infra*, 'Patients'.

<sup>141</sup> For these figures, see *BGCM*, 3 July 1759, fol. 220.

<sup>142</sup> Basketmen were also rewarded with 40/ between them for maintaining and testing the hospital fire engine, during the 1740s. See e.g. *BSCM*, 24 Jan. 1647, fol. 2.

<sup>143</sup> See rule xxx, in General 'Rules and Orders', dated 26 June 1751, in book of foundation orders at St. Luke's Woodside, fol. 11; also reproduced in French, *Story of St. Luke's*, 192.



settling the wages of staff, in 1751/2, the St. Luke's Committee impressed upon them that, as they were entitled to no perks whatsoever, 'any further Reward or Gratuity would depend upon their good behaviour'<sup>144</sup>.

The wages offered servants when St. Luke's was opened in 1751/2 indicate how depreciated nursing at Bethlem had become. Not until the 1760s were servants' salaries there brought into line with standards set at St. Luke's, and their perks and gratuities abolished (except for the money they received from the servants' box)<sup>145</sup>. Subsequently, however, both servants' and assistant servants' wages at Bethlem strikingly surpassed those available at St. Luke's. By 1809, Thomas Dunstan, Master of St. Luke's, was blaming the low wages of servants for his great difficulty in obtaining 'proper persons to do the service of the house'<sup>146</sup>. The Bethlem Matron was consistently paid more than the Matron at St. Luke's, and from 1765-90 the differential was more than double. The addition of a Matron's Assistant to the salaried staff of St. Luke's, on the other hand, took the combined salaries for Matron's duties well beyond the Bethlem rate.<sup>147</sup>

Obviously, it would be unwise to postulate any rigid determinative link between the salaries of staff and their conduct. Male keepers and nurses at the York Retreat in 1792 were paid barely one third of the salaries of Bethlem servants, but appear to have behaved with greater decorum, because they were (predominantly) recruited from Quaker ranks and informed, or overseen, by Quaker morality<sup>148</sup>. The keepers of provincial madhouses and asylums were evidently paid considerably less than those at Bethlem, but seem to have behaved no worse<sup>149</sup>.

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<sup>144</sup> See General Rules & Orders, fol. 25.

<sup>145</sup> See *BCGM*, 20 June 1765 & 27 April 1769, fols 138 & 249-50, & Figs 5b & 5d.

<sup>146</sup> As a result, the Governors agreed to raise men servants' wages from £21 to £25 and women servants' wages from £18 to £20, a level, by this juncture, well below that offered at Bethlem. See French, *Story of St. Luke's*, 45.

<sup>147</sup> Elizabeth Hindsley was appointed in 1772 at £15 p/a + £5 gratuity p/a as the first Assistant Matron to St. Luke's, after a six month's trial. An assistant to the Matron (the first being Mary Strong) was hired at Bethlem 3 years later, but seems to have been paid out of the Matron's own wages, having been appointed simply because of the latter's infirmity. See *SLGCM*, Oct. & Nov. 1770, Feb. & Sept. 1771, & notes taken by French concerning St. Luke's staff, on loose leaves contained in 1st Court Book held at St. Luke's, Woodside; French, *Story of St. Luke's*, 26 & *BSCM*, 10 June 1775. The Porter of St. Luke's received exactly the same salary as did the ordinary keepers throughout the eighteenth century, he not having the special function of the Bethlem Porter of admitting (non-ticket-bearing) visitors.

<sup>148</sup> See Digby, *Madness, Morality and Medicine*, chap. 7, 141-4 & 160-65.

<sup>149</sup> For the nineteenth century, see esp. Smith, 'Behind closed doors', 309-12.

While Bethlem servants' wages remained at a uniformly low level until the 1760s and 70s, the Bethlem Steward was, comparatively, rather well paid (Figs 5a & 5b). With a salary of £50, bolstered, from 1653-68, by a (discretionary) gratuity of £10, the Bethlem Stewardship was a considerable prize, even if the poorest of the Stewardships of the five London hospitals. Diminished with the abolition of all gratuities at Bethlem and Bridewell in 1668, after the Great Fire, the Steward's salary was restored to a highly respectable level with the allowance of an annual gratuity of £40 from 1694<sup>150</sup>. The Bethlem Steward was already enjoying the salary of £60 granted the new Guy's Steward, in 1725, 30 years previously, a rate that was in the middle of the scale of salaries paid concurrently to ordinary government officials<sup>151</sup>. Besides his salary, the Steward also seems to have been expected to make 'reasonable profit' from the friends of patients he furnished with clothing and bedding<sup>152</sup>. Indeed, one should be wary of exaggerating the meagreness of staff wages. When depriving staff of all gratuities in 1668, the Governors had no hesitation, when instructing them to rest 'contented with their wages' or quit, that others were readily available who 'wilbe Contented therewith'<sup>153</sup>.

Salaries, pecuniary perks and gratuities were not the only rewards of service for Bethlem staff. As at other London hospitals, employment at Bethlem also entailed lodging quarters, furniture, meals, clothing, bedding, (occasionally) coals and even medical treatment, provided at the expence of the charity. The Steward and Porter were furnished with their own houses, adjoining each other in the hospital, the proximity of which was a source of grievous contention between the two officers, at old Bethlem in the 1630s and 40s<sup>154</sup>. Bedding seems to have been a permanent allowance for resident staff, but clothing was only intermittently provided, in the seventeenth century<sup>155</sup>. In addition to the standard outfit of clothing, the Porter's blue coat

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<sup>150</sup> See *BCGM*, 6 June 1668, fol. 99, for withdrawal of all gratuities due to damages to Bridewell and the properties of both hospitals in the 1666 fire. For irregular gratuities of between £20 & £50 granted the Steward after 1668, see *ibid*, 7 April 1682, 6 Sept 1689, 15 Jan. 1692, 13 Jan. 1693, 19 Jan. 1694, 8 Feb. 1695, 3 July 1696, 26 Feb. 1697 & 7 Jan. 1698, fols 294, 436, 162, 217, 314, 426, 46, 94 & 158. The Steward's £40 gratuity was not made a statutory annual allowance until 1699; *ibid*, 5 May 1699, fol. 262.

<sup>151</sup> See Holmes, *Augustan England*, 256.

<sup>152</sup> See *ibid*, 19 July 1749, fol. 410, & chap. 3, *supra*.

<sup>153</sup> *Ibid*, 6 June 1668, fol. 99.

<sup>154</sup> Initially, the Steward was required to pay rent for his house 'adioyning the hospitall'. Thomas Willis's rent, for example, was set at 40/ per quarter (£8 p/a) in 1629. See *ibid*, 31 July 1629, fol. 138.

<sup>155</sup> Comprising a quota of cloth, stockings and shoes, the latter allowance was made to the Porter, Matron

of office was also renewed, and the basketmen provided with coats (and occasionally, breeches), every Easter<sup>156</sup>. One can only speak of a uniform for Bethlem staff at the Moorfields building. While, in 1675, basketmen's coats were made from material of 'a sad muske colour', to compensate for the grubby nature of their work, from 1676, their coats were fashioned to conform with those of the Bridewell Beadles and, moreover, to accord with the grandeur of New Bethlem; in blue, with silver badges depicting the hospital arms on the sleeves. Likewise, the Porter's gown was henceforth to be lined with blue and his authority advertised to visitors and servants by providing him with 'a good large staffe with the hospital arms engraved on its silver tip'<sup>157</sup>. Staff also received a generous portion of provisions. The Matron and maid servant, or (in the eighteenth century) the Matron and cook maid, in addition, shared the profits of 'the kitchen Stuff', until 1716<sup>158</sup>. This latter indulgence, however, became an inducement for the two women to skimp upon patients' proper allowance (see *infra*).

Staff also supplemented their income by performing extra duties about the hospital, or even by recourse to outside employment. For a brief period in the early seventeenth century, basketmen were rewarded with a few extra shillings for warning hospital tenants to pay their rents<sup>159</sup>. The Bethlem Steward had 'Liberty to serve the Lord Maio[r] or Sheriffes of this Citty [London] as Steward to them'<sup>160</sup>. Prior to the Stewardship of Thomas Yates, it was

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and servants only occasionally, prior to 1666, and regularly, for nine years after the Fire of London, without any standing order to this effect. It was made official in 1675. See e.g. *BCGM*, 9 Oct. 1640, 6 Aug. & 24 Sept. 1658, 2 Nov. 1666, 18 June & 2 July 1675, 15 Feb. 1678 fols 316, 67, 69, 15, 137, 143 & 7. For bedding, see e.g. *ibid*, 31 July 1657, 26 Aug. 1658, 25 Jan. 1667, 7 Oct. 1668, 11 May 1671 & 17 July 1673, fols 822, 67, 29, 110, 296 & 527.

<sup>156</sup> Until 1678, the Porter was allowed 15/, & the basketmen given material for, or actually ordered, these coats. Subsequently, all their coats were made for them at the hospital's direction. For a short time in the 1660s, the Porter was allowed £3 for a gown. See *ibid*, 13 March 1638, 2 April 1647, 22 Oct. 1662, 25 Nov. 1663, 8 June & 2 July 1675, & 15 Feb. 1678, fols 167, 300, 19, 80, 137, 143 & 7. In the eighteenth century, servants received a regular provision of hose & shoes at a charge, from 1738 until, at least 1770, of £5 10/ p/a. See *Bridewell General Committee Minutes & Auditors' Accounts*, *passim*.

<sup>157</sup> Formerly, the Porter's gown had been lined with bay. See *ibid*, 22 Oct. 1662, 2 July 1675 & 21 July 1676, fols 19, 143 & 276. See, however, 16 June 1680, fol. 156, where the latter order is repeated, indicating that it had not yet been put into effect. In 1658, Bridewell beadles had been ordered to wear their blue coats at every meeting of the Governors, on pain of losing their clothing allowance, if not their very places, an indication of the mounting importance attached by the Governors to the cosmetics of charity. See *ibid*, fol. 868, Auditors' meeting, dated 11 May 1658.

<sup>158</sup> See *ibid*, 31 July 1657, fol. 822 & *infra*.

<sup>159</sup> See e.g. *BCGM*, 9 Oct. 1640, 26 Jan. 1644 & 28 Feb. 1663, fols 316, 88 & 39.

<sup>160</sup> It was for this reason that he was denied a share of the servants' box. *Ibid*, 16 Feb. 1677, fol. 337.

almost expected that Stewards would 'attend...[an]other business or Employment'. Yates made constant reference, in support of his petitions for a raise or gratuity, to the 'time and opportunity' enjoyed by 'his p[re]decessors of attending to oth[er] Employment'<sup>161</sup>. The Governors only seem to have worried when the Steward's other business was 'soe farre distant from' the hospital as to prevent him from 'well attend[ing]' it, as in the case of Matthew Benson who, within a year of his election, was working at a wharf by Charing Cross. Benson was 'admonished to take care of the execcucon of his place' and the Treasurer and Governors were asked to ensure that 'Bethlem bee not neglected thereby', yet there is no evidence that Benson was obliged to resign his wharf employment<sup>162</sup>. Only in the Steward's case, however, was extra-mural employment countenanced by the Governors, and from the 1690s, the increased duties of the office rendered moonlighting impossible and ultimately, inconceivable, for its subsequent holders. In practice, very few stewards seem to have had time for any other job. Benson, himself, was complaining by 1653 that his duties at Bethlem 'made [him] incapable to take any other thing in his hand'<sup>163</sup>. Likewise, John Carter petitioned 'for some further allowance' in 1668 'haveing noe other imployment nor meanes to support...his family'<sup>164</sup>. There is little evidence in the eighteenth century that the Steward managed, or was even permitted, to hold down other occupations<sup>165</sup>.

In the 1680s, nevertheless, both the Bethlem Porter and Matron (the Matthews's), and a basketman (John Green[e]) were running victualling houses at the same time as serving at the hospital. Not only did this mean that staff were grievously neglecting their duties, but it also manifests a decidedly contemptuous attitude to those duties. The Matron, in particular, had been 'constantly attending at the said victualling house', namely the Bull Alehouse, nearby, in old Bethlem<sup>166</sup>. Given that the property was in the hospital's possession it is surprising

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<sup>161</sup> *Ibid*, 15 Jan. 1692, 19 Jan. 1694, 8 Feb. 1695, 3 July 1696, 26 Feb. 1697, 7 Jan. 1698, 5 May 1699, fols 162, 314, 426, 46, 94, 158 & 262.

<sup>162</sup> *Ibid*, 9 June 1649, fol. 386-7.

<sup>163</sup> *Ibid*, 21 April 1653, fol. 604. He was encouraged by the Court with a gratuity of £10.

<sup>164</sup> *Ibid*, 20 March 1668.

<sup>165</sup> It was not until 1785, however, that he was explicitly forbidden 'to follow any trade or Business or hold any other Employment', apart from his service in the hospital. Nor was he (or, indeed, other resident staff members) to sleep outside the house without permission; *BGCM*, 15 Sept. 1785.

<sup>166</sup> This is not to be confused with the Bull Alehouse in Bridewell, for which see e.g. *ibid*, 2 Dec. 1715, fols 168-73.

that Matthews had ever been permitted to 'enjoy the lease'<sup>167</sup>. Although the Governors were quite strict with their employees, reminding them of their duties, instructing the Matthews's to relinquish their lease on pain of expulsion and leaving the Committee free to dismiss Green, it does not appear that either party totally abandoned their lease. Joseph Matthews's will reveals that he merely assigned his lease to his daughter Hannah, who had long been assisting her mother at Bethlem and was herself to succeed to (and, presumably, neglect) the office of Matron from 1684-7<sup>168</sup>.

In subsequent years, there is, once again, little evidence of the Porter or his inferiors conducting their own businesses independently of the hospital, although the Governors were obliged to prohibit the keeping of 'Poultry' 'in Or about' Bethlem, in 1762, and staff continued to conduct a lucrative trade with hospital goods throughout the period<sup>169</sup>.

### Numbers

For the major part of the seventeenth century, so long as Bethlem remained on its Bishopsgate site, a small, poorly endowed hospital, rarely holding more than fifty patients, staffing was (at least in numerical terms) more than adequate. While it would be misleading to call old Bethlem *cosy*, the advantageous nature of its staff:patient ratio (see Table 5a) and the profound difference Hooke's building made to the domestic life of the institution, deserves emphasis. In this respect, staffing at Stuart Bethlem would have regarded by the moral managers of the nineteenth century, like Tuke and Conolly, as exemplary. By comparison with other city hospitals, like St. Barts and St. Thomas's, its staff:patient ratio was vastly superior. At Barts, before the 1660s, the average staff:patient ratio rarely seems to have been better than between 1:20 & 1:14, although subsequently it was perhaps as good as 1:7. At St. Thomas's the situation was somewhat improved, with approximately 1:13 & 1:5 in respective halves of the century<sup>170</sup>.

<sup>167</sup> For the hospital's grant of this and other leases (of Bridewell properties) to Matthews, see *ibid*, 15 Sept., 6 Oct., & 24 Nov. 1670 & 17 Feb. 1671, fols 227, 229, 250 & 275-6. See, also, 24 March 1727, 9 Oct. 1729 & 2 July 1730, fols 121, 187 & 217, when Edward Howard, executor of the deceased lessee, Martha Phillips, was allowed to succeed to the Bull's lease.

<sup>168</sup> For this account, see *P.C.C. Prob. 11/386*, q.n. 25, fols 195-6; *BCGM*, 18 Nov. 1681 & 15 March 1689, fols 268 & 380. Unfortunately, the Committee Minutes are not extant for this period, and neither the action taken by the Committee, nor the name or location of Green's victualling house may be known. More than likely, Green had simply taken over the management of the Bull from Hannah Matthews, on her replacement in 1687. His moonlighting was, in fact, only one of 'several miscarriages by him Com[m]itted' at Bethlem. None, however, were deemed serious enough to dismiss him, and Green continued in his place until his death in 1693. See *BCGM*, 2 June 1693, fol. 247.

<sup>169</sup> See *BGCM*, 3 Nov. 1762, in *BSCM*, *supra* chap. 2 & *infra* 'Provisions'.

<sup>170</sup> These estimates are highly tentative and must be taken with a pinch of salt. We still await a thorough

With Bethlem's resiting and expansion at Moorfields, however; the addition of one hundred cells for male and female incurables, during 1725-35; and the less spectacular extension of the hospital's capacity, during the 1750s; the ratio of attendants to patients deteriorated to less than half, and latterly, less than one fifth, of what it had been at old Bethlem, when at other city hospitals it was improving. Indeed, the Bethlem Board was often lax in recognising the worsening situation at the hospital. Rather than supplementing staffing at Bethlem, seven years after the construction of a new wing of twenty cells in 1644, the Governors contemplated reducing staff numbers, by (as an apparent remedy for abuses) amalgamating the offices of Steward and Porter in 'one man'<sup>171</sup>. More remarkably (and for the same reason), in 1681, five years after the hospital's capacity had been more than doubled, the Court resolved to restrict the number of basketmen to only two<sup>172</sup>. The Governors ultimately decided against both these motions, nevertheless, and readily acknowledged not only 'the greate number of Lunatikes in the...hospitall', but also 'the great quantity of...dayly [visitors]'<sup>173</sup>. Moreover, as a clear response to the enlargement of Bethlem in 1675-6, and the more pressing need for a thorough division of the sexes in the new building, two additional maid servants were appointed; the first, by 1677, and the second, in 1681<sup>174</sup>. In 1693, a 'nurse' was also recruited to the ranks of the Bethlem

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going historical analysis of either of these institutions. At Barts there appear to have been only 11 sisters before 1645, and only 15 thereafter. Helpers and nurses are recorded from c1652, but do not seem to have been regularly appointed, 1 per ward, until c1665. Patients 'remaining under cure' at Barts averaged at c340, 1634-43; c294, 1644-56, & c263, 1687-94. Even less information is available on staffing at St. Thomas's. Sisters seem to have numbered between 15 & 25 for most of the seventeenth century, with helpers (as at Barts) from the second half of the century. Patients averaged c305, 1634-43; c244, 1644-56, & c261, 1676-94. See E. S. de Beer, 'The London hospitals in the seventeenth century', in *Notes & Queries*, 18 Nov. 1939; Medvei & Thornton (eds), *St. Bartholomew's* D'Arcy Power & Waring, *Short History of St. Barts*; Whitteridge & Stokes *A Brief History of St. Barts*; Moore, *History of St. Barts*; *Orders & Ordinances for the better government of the Hospital of St. Bartholomew the Less etc.* (London, 1652); MacInnes, *St. Thomas's*; Parsons, *Scenes from the Life of St. Thomas's*; *An abstract of the orders of St. Thomas's Hospital relating to the Sisters, Nurses & Poor Patients, therein* (London, 1705); *An Abstract of the Orders of St. Thomas's Hospital in Southwark* (London, 1707).

<sup>171</sup> *BCGM*, 27 May 1651, fols 496-7. The Court was especially concerned with the Steward's absenteeism from the house, and the consequent neglect in the management of provisions.

<sup>172</sup> *Ibid.*, 30 March & 15 April 1681, fols 209 & 213. See *infra* for more on the sexual nature of basketmen's abuses at this juncture.

<sup>173</sup> *Ibid.*, 27 May 1651 & 22 April 1681, fols 497 & 216-7.

<sup>174</sup> *Ibid.*, 16 Feb. & 30 March 1677, fols 337 & 360; where 'the Twoe maid servants of the said hospitall' are referred to for the first time. The last reference to only one maid servant is *ibid.*, 2 July 1675, fol. 143. See *ibid.*, 15 & 22 April 1681, fols 213 & 217, for first mention of the intention to employ a third maid.

staff, although not directly a response to the growing numbers of patients in Bethlem<sup>175</sup>.

Even three new, resident, members of staff might be regarded as insufficient to have coped with so substantial an increase in the hospital's capacity. Yet it is the Governors' failure to appreciate the mounting demands upon their staff after 1728, when the patient population was doubled again and public visiting reached its apogee, that is most striking. The one hundred incurables maintained in Bethlem were catered for without the addition of a single member of staff. Even when twenty more cells were installed in the hospital's upper story, in 1751-3, and the Governors considered employing a number of extra servants and a 'proper person to Attend at the Iron-gates of the Womens Ward' to ensure segregation, it was ultimately decided to persist with the same quota of staff and to rely on a basketman stationed 'on the Womans side' to prevent the mingling of males and females<sup>176</sup>. Given the degree of responsiveness exhibited by the Bethlem Board to the pressures of patient numbers on staffing during the seventeenth century, its refusal to hire extra staff for seven subsequent decades is difficult to explain.

Servants relied increasingly on patient-workers to supply the deficiency of their numbers, an arrangement fraught with its own problems of exploitation, favouritism, inter-patient frictions and inefficiency. Only in 1769, for instance, did the Governors recognise that the use of patients to serve hospital meals had caused 'great inconvenience' and agree to add another two assistant basketmen to the staff, so that this duty might be taken out of patients' hands<sup>177</sup>. Likewise, the appointment of laundry maids to the hospital in the 1770s, and of nightwatchmen, in the 1780s, though rather late in the day, must have been a considerable relief to the tired minds and hands of men and maidservants<sup>178</sup>.

One must be careful, nonetheless, to keep conditions at Bethlem in perspective. Inevitably, St. Luke's had a markedly superior staff:patient ratio to that at Bethlem during the first decades after its foundation, as its wards were only gradually filled and extended. By 1800, however, when its inmates had mounted to a multitude of 300, with only seventeen salaried officers and

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<sup>175</sup> *Ibid*, 16 Dec. 1692 & 27 Jan. 1693, fols 213 & 220.

<sup>176</sup> See *ibid*, 22 May & 21 June 1751, & 20 June 1765, fols 5, 9 & 137; *BGCM*, 27 April 1751, 3 May, 20 June, 20 July, 24 Aug. & 11 Oct. 1753, in *BSCM*, fols 243, 347, 355, 360, 366 & 375. The first explicit mention of a specific 'Bar Gates Servant' working at Bethlem, is not until 1769, when Mary Davis, wife of the basketman Reynold, is appointed to this duty; *BSCM*, 31 July 1769. By 1777 however, Davis is serving as a laundry maid, and nowhere does a bar gates servant appear as a separate, salaried, member of staff.

<sup>177</sup> *BSCM*, 7 Oct. 1769.

<sup>178</sup> See *BSCM*, 22 Dec. 1781; *BGCM*, 4 Sept. 1778; *BSB*, 1777-1814.

servants to care for them; at 1:17.6, its ratio had fallen below that at Bethlem<sup>179</sup>. Attendance seems to have been even more sparing at county asylums than it was at those in the capital, while my figures for staff:patient ratios at Bethlem do not include the significant, but unquantifiable, service provided by officers' maids<sup>180</sup>.

The consequences of low levels of attendance were peculiarly compounded at Bethlem by the distraction of hordes of visitors to the hospital (see chap. 2), and by recurrent absenteeism amongst staff (see *infra*); circumstances which indicate how much, or rather, how little, intervention a patient might be subject to from staff during his/her stay.

## Duties

The more definitively 'medical' duties of staff, and those pertaining to the hospital's visitors, have been analysed in other chapters, so the following discussion will be confined largely to other more 'domestic' responsibilities. The Steward's duties were laid down in detail in the 1635 set of nine articles, which constituted the basis of his function for the duration of the period<sup>181</sup>. While bearing some comparison to conditions imposed upon Helkiah Crooke in 1619<sup>182</sup>, these articles represent a much more comprehensive and precise formulation of what the Governors wanted from their Steward, and give a good indication of the kind of abuses committed by former officers which the Governors were striving to eradicate.

Crooke had, of course, refused to concede any accountability to the Governors, and it was this issue that was most prominent in the articles. The new Steward was primarily responsible for the day to day receipts and payments for the hospital, comprising legacies and donations charges towards patients' maintenance, provisions, clothing, bedding and other material necessities. He was required to keep a daily account of all such receipts and disbursements and to submit this account for scrutiny, weekly, at the Bridewell Court Sessions. In addition, the Steward was responsible for procuring and ensuring an adequate supply of all provisions and necessities.

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<sup>179</sup> For St. Luke's figures, see French, *Story of St. Luke's, SLGCM*, fol. 465, rept of Gen. Commee of 9 Jan. 1800, & *passim*. In 1787, Bethlem's capacity was also 300, but patient numbers had declined to only 258 by 1801; *BCGM*, 29 Nov. 1787, fols 283-4 & *BGCM*, fol. 128, rept. from *BSCM*, 25 June 1801.

<sup>180</sup> Both the Bethlem Steward & Matron employed their own servants. Unfortunately, most comparative material is only available for the nineteenth century. See e.g. John K. Walton, 'The treatment of pauper lunatics', in Scull (ed.), *Madhouses, Mad-doctors & Madmen*, 180; John Connolly, *The Construction and Government of of Lunatic Asylums and Hospitals for the Insane* (1847), 83; Digby, *Madness, Morality and Medicine*, 145-6.

<sup>181</sup> *BCGM*, 4 Nov. 1635, fols 66-7. See, also, *ibid*, 23 Oct. 1643, fols 74-5, for the renewal of Langley's bond to perform the same articles and their reiteration in the Court Minutes.

<sup>182</sup> See *ibid*, fol. 110 & Allderidge, 'Management', 157.



He was supposed to check the pantry and buttery each morning and to examine the state of patients' clothing. Subject to the Treasurer's authorisation, he was either to provide the lack, or to notify patients' sureties to do so. The Governors even instructed their officer as to what weight and from which tradesmen provisions should be bought. It was also laid down that provisions be sent directly to the hospital from the place of purchase, 'and not to be carried into aine other place before it comes into the house of Bethlem'. Obviously, the Board was keen to avoid the misappropriation of hospital food and funds, and the scenes of neglect and deprivation of the patients, which had previously been encountered (in 1631, for example)<sup>183</sup>. Echoing the articles undertaken, and in reaction to abuses committed, by Crooke, the Steward's articles also forbade him to claim any right to the hospital's income or to challenge the fees set for warranted patients<sup>184</sup>.

Much of this, of course, the Governors had envisaged in their orders prior to 1635<sup>185</sup>. The articles of 1619, and much of what had preceded them, however, had been vague and unexact, typified by the condition imposed upon Crooke that he would remain only provided he administer Bethlem well<sup>186</sup>. Despite the clearer directives issued by the Governors, nevertheless, their performance was dependent on the character of the man appointed, and as we shall see, Richard Langley proved no better at observing his articles than Crooke had been<sup>187</sup>.

Many of the Steward's duties were not mentioned in his articles, while their breadth was substantially augmented, as the hospital expanded and its procedures grew steadily more involved. As part and parcel of his responsibility for patients' fees, he was also required to write constant letters to patients' sureties demanding payment, or notifying them of patients' deaths, recovery or material needs, and was, not infrequently, obliged to visit sureties direct<sup>188</sup>. Along-

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<sup>183</sup> Ibid, 18 Feb. 1631, fol. 217 & chap. 3, 'Diet', re. starving patients. See, also, Allderidge, 'Management', *passim*.

<sup>184</sup> See 1619 articles, no. 2; Allderidge, 'Management', 157 & 161-3. Crooke had, in fact, refused to admit any patient without a fee of between 10 & 20/, regardless of their warrants.

<sup>185</sup> The Steward had for some time, e.g., been required to maintain accounts of receipts and expenditure, and of what provisions were coming in weekly. These were consulted by the Commissioners in 1632, during Bedford's Stewardship. See their October report; *P.R.O., SP. 16, 224*, no. 21; Allderidge, 'Management', 160-61.

<sup>186</sup> 1619 articles, no. 4; Allderidge, 'Management', 157.

<sup>187</sup> See *infra*, 'Conduct'.

<sup>188</sup> Securities were often difficult to persuade and the Steward forced to write repeatedly before payment was received, or legal action taken. See e.g. *ibid*, 15 March 1700, fol. 357.

side the Porter, he was also supposed to oversee the conduct of the hospital's servants, and to report any remiss on their part, a role that was consolidated in 1699 when he was formally appointed as 'Supervisor' of the inferior staff<sup>189</sup>. After 1732, when the major bulk of provisions were delivered on a contractual basis, the Steward was required to check the quantity and quality of all such provision, and to make the necessary adjustments. He was in sole charge of the admission registers of the hospital, and of entering all patient details therein. With the multiplication of patients, and of the types of admission record required to be kept, this and other of the Steward's duties became increasingly onerous as the period went on.

Not until 1765, when the duties of staff were radically extended across the board (following a Grand Committee report), do therapeutic considerations and patients' comfort assume a major and explicit part in the responsibilities officially entrusted to the Steward<sup>190</sup>. These regulations also clearly manifest the crucial and enhanced supervisory role of the Steward in the running of eighteenth century Bethlem. Henceforth, his duties were to include:- checking thrice weekly that galleries and cells were 'kept clean and neat'; that naked or 'physicked' patients were 'kept properly Confined' and their cells ventilated, and that their cell windows were kept light and free from obstructions. He was placed more thoroughly in control of the clothing of patients, with the removal of the wardrobe to his own apartments and the requirement that he inspect patients' want of clothing every Friday and submit an account to the Saturday Committee the following day. He was to ensure that the coals distributed to the warming (and other) rooms in the house were of a sufficient quantity and were not wasted, and was to notify the Committee of any repairs that needed doing. His control of necessities provided for patients, was extended to friends being required to sign the Steward's book to order any unauthorised item. Most of the other duties stipulated in the 1765 list, concern the Steward's management of hospital provisions, over which his authority is further intensified, to the point of even counting 'the pieces of meat before they are put into the Pot'.

A good deal of the Steward's duties were performed in collaboration and consultation with the Porter, and relied on affable relations between the two officers and their families. As was the Steward, initially the Porter too was required to keep an account of moneys given, and provisions delivered, at the hospital door<sup>191</sup>. Likewise, the Porter was required to subscribe

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<sup>189</sup> *Ibid*, 11 Aug. 1699, fol. 288.

<sup>190</sup> *Ibid*, 20 June 1765, fols 133-4.

<sup>191</sup> See e.g. Steward's 1635 articles, which mention the Porter's book. The Steward's account of fees taken each day was to include money's taken at the hospital door by the Porter, and he was supposed to consult the Porter concerning any lack in the provisions of the house. See, also, *BCGM*, 29 Jan. 1641, fol. 324, where the Porter is instructed to record the quantities of bread, meat and fish, sent to Bethlem by the Sheriffs from the

to certain articles of service, but these were not reproduced in the Court Minutes.<sup>192</sup> With the Steward, he was responsible for safeguarding and distributing the hospital provisions. He was supposed to help with the apportioning of food to patients and, from 1677, was placed in sole charge of the buttry key, and given sole authority over the removal of provisions, with the object of preventing the wastage and theft of former years<sup>193</sup>. The Porter's primary function, of course, was to attend the hospital doors, and to oversee the passage of, and to account for, *whatever* entered or left the hospital; namely, visitors, staff, patients and provisions. As a result, he was keeper of most of the keys of the hospital. Yet his duties were much more varied than this, although becoming more confined to door-keeping with the growth in the influx of visitors after 1676. Very occasionally, he might be instructed to deliver patients to their friends, or to perform other duties increasingly reserved to the Steward and servants<sup>194</sup>. By 1736, the Porter was also required to keep an account of every workman's labour and of the materials used by them, when employed in repairing the hospital<sup>195</sup>. Alterations to his duties subsequently were almost exclusively concerned with public visiting and are treated elsewhere (see chap. 2).

The Matron's role, having grown up merely as an adjunct to the Porter's, was initially extremely limited, and entailed little more than that of a superior domestic servant, supervising a single maid-servant in all the duties of laundering and cooking, as well as in her more particular responsibilities for the care of female patients. Both she and the Porter were also to attend and assist (alongside the servants) with the bathing and bleeding of (respectively) female and male patients. The Matron's function only became explicitly segregative after 1663 (see chap. 3, 'Segregation'). With the addition of another two maids to the Bethlem staff, after 1677, her supervisory station was considerably augmented. Yet her duties might still be encapsulated in just two sentences, by 1765, when the offices of Matron and Nurse were combined and the Matron was provided with an apartment of her own. From 1765, the Matron was granted a supervisory role over the female wards, virtually equivalent to that exercised by the Steward over males, in which the objectives of cleanliness, comfort, caring for the sick in body, propriety and work,

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markets.

<sup>192</sup> For mention of the Porter's articles, see *BCGM*, 21 June 1637, fol. 126.

<sup>193</sup> *Ibid*, 30 March 1677, fol. 359. By 1736, the Porter was alone responsible for the apportioning of meat on 2 of the hospital's 3 meat days; *ibid*, 6 May 1736, fol. 391.

<sup>194</sup> See e.g. *ibid*, 21 Oct. 1657, 26 Oct. 1666, fols 831, 13? *BSCM*, 16 March & 23 April 1726, fols 256 & 260.

<sup>195</sup> *Ibid*, 6 May 1736, fol. 391.

were paramount as never before. She was henceforth to make daily inspections to ensure that women patients were 'regularly Shifted and Sheeted'; to keep accounts of patients linnen to prevent it being purloined and to check every Wednesday that it was properly sterilised and washed, and to take care that patients were kept clean and their 'Straw...changed when Damp or Dirty'. She was to ensure that the stove room fire was punctually lit and the designated patients removed there in good time; that the 'low Spirited and Mopish be Obliged to get up', ejected and locked out of their cells; that the 'Lewdly given be Confined' and allowed visitors solely under chaperonage by a maid-servant; that the sick, in particular, were properly cared for and removed to the infirmary if necessary, and was to acquaint the Physician whenever any patient took to their bed 'without particular Sickness'. Finally, she was to ensure an that each maid had charge of a fair distribution of confined and working patients, and that those patients who were 'Capable' were employed, rather than 'Idle'<sup>196</sup>.

Men and maid servants (along with assisting patients) were indubitably the dogs-bodies of the Bethlem work force. Their manifold duties included 'dressing'(i.e. cooking), 'cutting out' (i.e. dividing into bowls) and serving, patients' meals; cleaning the hospital and patients' bodies, cells and clothing; conducting visitors; 'shifting' [i.e. dressing] patients; restraining unruly patients (men and women) and quelling disorders when they arose, both day and night; assisting in the barbering, bleeding & bathing of patients; administering patients' physic; fetching and carrying provisions; delivering patients, or letters concerning patients, to their sureties, and taking various other messages as instructed by the Committee, Treasurer, Clerk or Steward. Duties deemed of a greater responsibility were largely reserved to the basketmen. Basketmen alone were asked to deliver hospital correspondence and attend on Committees, while maid servants (barring the cook) were also excluded from the actual apportioning of food and drink. While the role of men-servants was considerably more extensive in terms of keeping order amongst the patients, maids were more widely employed in domestic chores. Maids, exclusively, were required to clean the Committee Rooms, and other areas in the centre of the house, and to perform (or latterly, to help in performing) the hospital laundry work. The shifting of female patients, however, seems to have been relieved from the maids, following the appointment of a Nurse (whose duties are dealt with in chaps 3 & 4)<sup>197</sup>. By 1736, basketmen took turns in being in charge, either of the beer and its distribution from the hospital cellar, or of the apportioning of provisions, and the latter duty was restricted to dairy products. In 1765, these duties were entrusted to the newly created office of assistant basketman, who was also given charge of the

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<sup>196</sup> *Ibid*, 20 June 1765, fols 135-6.

<sup>197</sup> *Ibid*, 6 May 1736, fol. 391.

receipt, distribution and thrifty management of the hospital's coals<sup>198</sup>. It was not until 1765 that men and maids were officially instructed as to what time in the morning they were to rise, and commence their duties. From this time onwards, their day was uniformly to begin at 6a.m. in Summer and 7a.m. in Winter, when the few hospital fires were to be lit, patients carried down to be warmed and the cleaning of the galleries got underway. Servants were, in addition, henceforth, not only to receive the linnen and other necessities supplied by patients' friends, but to keep an account of such supplies, in order to avoid any accusations or doubt as to thefts. Both men and maids were also instructed every morning to remove all food left over by patients.

The Cook's duties were entirely restricted to the kitchen. She alone was in charge of cooking patients' meals and of cleaning the kitchen and its utensils, but as to the apportioning of food, was only responsible for the Sunday meat and even this was taken out of her hands in 1765<sup>199</sup>.

Governors and medical staff were in addition, of course, very much reliant on the testimony of inferior officers and servants for information about the condition of patients, or the physical environment of the hospital. Lay staff frequently testified to the recovery or continued insanity of their charges, and their opinions were not uninfluential. In the contentious case of James Whithall, in the 1640s, for example, the Porter's averment that he 'never was worse since hee came in than now hee appears to be' was clearly instrumental in the patient's release<sup>200</sup>. Contemporaneously, the Governors might also need to confer with servants to discover whether any cell was free in the house<sup>201</sup>. As the Governors' management of affairs at Bethlem became increasingly more direct, and as the advice of medical staff exerted an increasing sway on patients' lives, the consultative role of inferior attendants was also augmented. By 1736, the Porter was explicitly being required 'to attend and assist the Doctor Mondays and Wednesdays to give him an Account of the Men Patients' (just as the Nurse was obliged to inform the Physician of the condition of the sick)<sup>202</sup>.

### Residence and Absenteeism

From 1635-77, Bethlem was attended by a lay staff of seven, comprising a Steward, Porter,

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<sup>198</sup> *Ibid*, 6 May 1736 & 20 June 1765, fols 391 & 136.

<sup>199</sup> *Ibid*, 20 June 1765, fol. 137.

<sup>200</sup> See *BCGM*, 11 March 1642, fol. 374 & chap. 7, 'Patients'.

<sup>201</sup> *Ibid*, 29 April 1642, fol. 382.

<sup>202</sup> *Ibid*, 6 May 1736, fol. 391. While no mention of this duty is made in respect of the Matron and women patients, one presumes that a similar arrangement applied.

Matron, three basketmen and a single maid servant. All these members of staff were normally required to be resident and were provided with accommodation within the hospital. At the Bishopsgate building, the houses of the Steward and Porter were located adjacent to each other, at the very entrance of the hospital, the proximity of which was to arouse much friction between the two officers and their families, and cause considerable disruption to the running of the hospital, during the 1630s<sup>203</sup>. Servants lodged in garrets situated above stairs, over the building's second and topmost storey<sup>204</sup>. Little thought seems to have been given to convenience of access to, or surveillance of, patients, but the small size of the construction could have posed few problems in this respect. In the planning of the Moorfields building, on the other hand, the city surveyor, Robert Hooke, was carefully instructed by the Governors to make servants' rooms 'convenient' for preventing:-

Dainger that may happen among the lunatikes themselves when they are permitted to walke the yards there in the day tyme and alsoe that they be ready to p[re]vent or suppresse any miscarriage that may happen by the said Lunatikes in the night tyme<sup>205</sup>.

Security, pure and simple, keeping order and quelling disorder, was the priority here, but it would be anachronistic to expect the building of lunatic hospitals to be deeply informed by therapeutic objectives at this time. Thus, at Moorfields, servants were stationed in apartments on their respective galleries, and male officers, as before, around the hospital's entrance.

In the Steward's case, residence was something of a novel stipulation, arising out of a growing awareness of the necessity for a constant attendance on the patients and to combat the absenteeism of former years<sup>206</sup>. Ordinarily, the Governors permitted staff to reside outside the hospital only in exceptional cases. Richard Langley was ordered 'to settle himself in Bethlem house' immediately on his election, while George Foye (his successor) was allowed to continue in his own house simply because it was 'neere unto the hospitall', and the Steward's house was in need of repair<sup>207</sup>. Yet, owing to the extent of the Steward's commitments outside the

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<sup>203</sup> See *ibid*, 20 Dec. 1636, 28 Feb. & 21 June 1637, fols 100, 165-6 & 125-7 & *infra*.

<sup>204</sup> This is part supposition, based upon the few existing drawings of the original building, on the customary practice in lodging domestic servants and on specifications for the extra wing added to Bethlem in 1643/4, in the Court Minutes. *Ibid*, 2 June 1643, fols 43-4.

<sup>205</sup> *Ibid*, 23 Oct 1674, fol. 55, report of Bethlem Committee, dated 16 Oct. 1674.

<sup>206</sup> Willis, e.g. one of Crooke's stewards, paid a rent of 40s for a house in the hospital precinct, rather than residing at Bethlem itself; *BCGM*, 31 July 1629, fol. 138. Crooke had, himself, only attended the hospital on quarter days; Alderidge, *Management*, 161. For appointment of rooms in the house for the Steward, see *BCGM*, 21 Oct. & 4 Nov. 1635, fols 65 & 67.

<sup>207</sup> *Ibid*, 4 March 1636, & 18 & 24 May 164, fols 81, 114 & 116-7.

hospital, the Board initially saw 'noe necessity for [him]...to dwell next doore'. Preoccupied, perhaps, with the management of his wharf, Matthew Benson was not resident at Bethlem until three years after his appointment, when he was instructed 'w[i]th all convenient speed [to] come & inhabite within the house appointed for him here whereby hee may bee the better able to p[er]forme [his] Articles...for the due execucon of his office & totale care for the provision of the poore'<sup>208</sup>. What *specifically* concerned the Court, here, was the Steward's tendency, in pursuit of patients' maintenance fees, to go to the actual houses of sureties 'to the neglect of his service' in the hospital, which he was commanded not to do. Residence rather contradicted, however, the practical demands of his service. The Steward was frequently ordered to attend sureties direct to obtain arrears for patients, or secure patients' removal from the hospital; to appear before other courts, corporations and notables concerning charges for patients, and to enquire about town for details of patients' settlements<sup>209</sup>. Ordinary weekly fees for patients, nevertheless, were supposed to be paid at Bethlem itself. By 1677, the Board was even more undecided as to 'whether itt be convenient for the Steward...& Family to dwell in the said hospitall'; but the motion seems either to have been shelved, or rejected, for all subsequent Stewards assumed residency without any argument<sup>210</sup>. The Steward's enforced (and unauthorised) absences posed real problems, however, in the exercise of his role as 'Supervisor' of the inferior staff at Bethlem<sup>211</sup>. Although the misdemeanours of servants were often reported to the Governors by the Steward, a great deal must have gone undetected while the latter was on business outside the house.

Obvious instances of absenteeism were more conspicuous amongst the Porter, Matron and servants, who, after all, had fewer pretexts to be abroad. The ordinary business of the Porter, Matron and maid servants, was almost invariably confined to the hospital. Amongst the manifold duties of Bethlem basketmen, solely those of delivering letters, fetching and carrying provisions and warning tenants, would (normally) involve them leaving the house—and all of these were occasional errands, of a short duration only. The Governors, in fact, did all they could to restrict their servants to their responsibilities within the hospital, recognising increasingly that 'their

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<sup>208</sup> *Ibid*, 27 May 1651, fol. 496. It was as a result of Benson's absenteeism, that the Governors seem to have contemplated combining the offices of Steward & Porter at this juncture.

<sup>209</sup> For these duties, see e.g. *ibid*, 19 Jan. & 20 Oct. 1670, 28 May, 15 & 29 Aug. 1673, & 2 Oct. 1674, fols 181, 235-6, 509, 553, 558 & 41.

<sup>210</sup> *Ibid*, 16 Feb. 1677, fol. 337. No doubt, this query was owing to thoughts of economising, after the expence of the hospital's re-construction at Moorfields had left accounts considerably in the red.

<sup>211</sup> *Ibid*, 11 Aug. 1699, fol. 288.

personall Attendance is required both day and night'<sup>212</sup>. Staff frequently, however, had other ideas, and the Governors strove doggedly, throughout the period, to rectify the absenteeism and consequent neglect of servants who, understandably, found the environment of taverns more alluring, on occasion, than that of Bethlem.

Before mid-century, nothing beyond a severe warning seems to have been done to prevent staff going AWOL. In 1652, on pain of summary dismissal, officers and servants were forbidden to depart from Bethlem after 7p.m. during Autumn/Winter, or after 9p.m. during Spring/Summer, unless on necessary hospital business, and the Porter given just two hours to notify the Treasurer of any contravention<sup>213</sup>. Yet, within five years, this rule was already being flouted by the maid servant, Elizabeth Withers, the Porter being directed not to 'suffer [her] ... to goe abroad unlesse upon necessary iust occac[i]on shee retorning againe within convenient tyme'<sup>214</sup>. The standing order was repeated and elaborated in 1663, and in the 1677 list of rules for officers and servants, implying further abuses<sup>215</sup>. In 1663, the Porter was additionally instructed to ensure that servants retire promptly 'to their bedds and lodgings and [that] the doores [be] fast locked' behind them. In 1677, servants' evenings were circumscribed even further. Only half their number were to depart at any one time; they were not to leave until half an hour after the ringing of the night bell, nor 'w[i]thout acquainting the Porter', and even then, were not, on any pretext, to dally for more than half an hour. Even their bed times were stipulated; as 10.30 every evening, at the latest. Indeed, the routine governing servants' lives drew ever closer to that of their charges as the period progressed.

Judging by the Court and Committee Minutes, instances of absenteeism were rarely discovered during the eighteenth century, however. Nor, does there appear to have been a single instance of the staff moonlighting encountered so often in earlier times. Much, nevertheless, seems to have carried on under the surface of conformity. Urbane Metcalf's portrayal of the hospital from within, at the end of the eighteenth, and the beginning of the nineteenth century, offers a very different impression. According to Metcalf, the 'supineness' of the medical staff, and 'the weakness of the steward' allowed keepers a free rein to neglect and abuse their service. One keeper (Rodbird), was a lazy, negligent absentee, present in his gallery for only three hours

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<sup>212</sup> In 1672, e.g., the Board (with apparent success) took measures to obtain immunity for Bethlem servants from diverting obligations of parochial office. *Ibid*, 21 June 1672, fols 406-7.

<sup>213</sup> *Ibid*, 24 Sept. 1652, fol. 567.

<sup>214</sup> *Ibid*, 2 Sept. 1657, fol. 825. For more on this episode, see *infra*.

<sup>215</sup> *Ibid*, 21 Jan. 1663 & 30 March 1677, fols 31 & 357.



a day; another (Blackburn) observed his place 'almost [as] a sinecure', spending more time over 'the care of his birds and...cage making', than in the hospital. Servants deserted their posts and played cards for hours at a time, while others, or bribed patients, acted as lookouts for the approach of officers or the inspecting committee. The Matron and maid servants devoted time to a private patient at the expense of their proper duties.

### Sick Staff

The Governors' commitment to maintain a constant attendance over the patients at Bethlem, and its limitations, are also manifested in their policy towards sick officers and servants. Rarely were staff simply expected to knuckle down in the event of the incapacity of one of their colleagues. Sick attendants were replaced, temporarily or permanently, depending on the gravity or length of their illnesses<sup>216</sup>. Ailing Stewards were even granted an extra allowance for a servant to assist them in the performance of their service<sup>217</sup>. In the eighteenth century, in particular, the Governors were quite insistent that it was 'of the Utmost Consequence that the Patients should be daily visited and attended'<sup>218</sup>. Even the briefest of absences might be required to be supplied. William Brandling, acting Steward at Bethlem during 1713, was allowed ten days leave, only provided he install 'some p[er]son to officiate for him during his absence'<sup>219</sup>. By this time, substitute attendance was also provided during interim periods after an officer's death and before the election of a successor. Invariably, however, this assistance was procured from amongst other hospital staff (and their families), whose own service must have suffered as

<sup>216</sup> Amongst the basketmen:- Anthony Stanley replaced the sick Thomas Lewis in May 1635, and was permanently appointed two weeks later, after Lewis's death; Ferdinand Catlin, reported 'dangerously sicke', in Sept. 1641, by his colleagues, who were 'appoynted' to procure 'an honest payneful' substitute, was officially replaced during the next month by Edward Tewe; James Smith replaced the 'weake & lame' Anthony Dodsworth in Oct. 1644, until the latter's recovery; Samuel Steers replaced the aged & weakly William Whetton/Whetstone in July 1679. See *BGCM*, 27 May & 10 June 1635, 9 & 22 Sept. & 15 Nov. 1641, 18 Oct. 1644 & 4 July 1679; fols 47, 49, 348, 350, 357, 154 & 95.

<sup>217</sup> Thomas Yates, Thomas Weston and Thomas Hodges were all permitted to continue in their offices for several (in Hodges case, nearly 7) years, despite severe infirmities, via the luxury of a salaried assistant. Mention of Weston's servant & sickness is only made retrospectively, by Hodges, to establish a precedent for his own son's assistance. Yates is allowed an extra £10 p/a for his servant. Assistants for officers' was standard practice at Bridewell much earlier than at Bethlem. In the 1660s, the Bridewell Steward, Robert Lloyd, as he became gradually more 'Aged weak and Bedridden', was permitted & obliged to employ extra 'Servants...to attend his place'. His successor, Lancelot Monox, had formerly served as an 'Assistant'. See *ibid*, 31 March & 10 June 1669, 19 Dec. 1707, 20 Feb. 1708, 25 May & 15 June 1758, fols 31, 144, 390-91, 399-400, 284 & 286 *BGCM*, 22 March & 31 May 1758, in *BCBC*, fols 127 & 138.

<sup>218</sup> *BSCM*, 1 Feb. 1783.

<sup>219</sup> *Ibid*, 23 May 1713, fol. 122.

a result<sup>220</sup>.

Indeed, there are indications that the hospital administration was often neither prompt nor sedulous in ensuring a constant, able-bodied attendance upon the patients. In the seventeenth century especially, delays occurred in supplying substitutes or replacements, while the Board was frequently prepared to persist, for months or even years, with infirm and enfeebled staff members. No replacement was officially appointed for the incapacitated basketman, Ferdinand Catlin, for over two months in 1641, despite the Governors having met for sessions of Court seven times in the meantime. Both Anthony Dodsworth (basketman 1643-52) and William Whetstone (basketman 1678-9) had been too weak and ill to perform their services when actually admitted to Bethlem; while it was over a year before substitutes were found for either of them. Although Dodsworth was twice (in 1644 and again in 1645) ordered to find alternative employment, he was both times reprieved by the Court. When Whetstone's substitute (Samuel Steers) was already employed as a hempdresser and was appointed provided 'it would be noe hindrance or inconvenience to him', it may be doubted how adequate his assistance could have been<sup>221</sup>. Others 'Languished' in the grip of prolonged illnesses and were (like the patients) allowed sick leave, without any sign of alternative provision being made<sup>222</sup>. Despite George Foye's (Steward 1644-6) 'long time of sicknes before his death', no attempt to find a deputy seems to have been made<sup>223</sup>. Ellen Sweathenham, Nurse (from at least 1709-1718), was granted sick leave on three occasions during 1711-14, going into the country for a total of three months, yet there is no

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<sup>220</sup> Amongst the Porters:- William Brandling (appointed a warding beadle at Bridewell in 1729) substituted as Porter for over 3 months, in 1713, during the illness & after the death of Humphrey Pooler; Moses Ransome (basketman 1695-1726) also substituted in Pooler's place & likewise, in place of Benjamin Brockden, Pooler's successor. See *BSCM*, 7 March, 23 May & 11 July 1713, 8 Jan. & 16 April 1715, fols 114, 122, 127, 175 & 185; *BCGM*, 21 Nov. 1729, fol. 199. Amongst the Stewards & Matrons:- John Buckler officiated as Bethlem Steward from 11 April-18 June 1713, after Yates's death; likewise, John Gozna (Apothecary 1772-95), filled-in on two separate occasions, during the illness & after the death of William Rashfield in 1778, & for a month after the death of Henry White in 1785; Henry's wife, Mary, assisted the Matron & Nurse, Mary Spencer, for 10 years (1783-93), on account of the latter's 'Advanced Age...and her Frequent Illness'; while Mrs Haslam, wife of John (Apothecary 1795-1815), acted temporarily as Matron, during the indisposition and after the death of Mary White in 1798. See *BCGM*, 11 April & 18 June 1713, 30 Nov. 1785, 20 Sept. 1798 & 30 Jan. 1799, fols 118, 127, 220, 92 & 95; *BSCM*, 29 Aug. 1778, 1 Feb. 1783 & 29 Oct. 1785; *BGCM*, 4 Sept. 1778.

<sup>221</sup> *BCGM*, 9 & 22 Sept. & 15 Nov. 1641, (?) Nov. 1644, 28 March & 6 Sept. 1645, 6 & 20 Oct. 1652, 23 May, 4 June & 4 July 1679, fols 348, 350, 357, 156-7, 190, 212, 569-70, 88, 91 & 95.

<sup>222</sup> See e.g. case of John Green's terminal 'Distemper' from which he suffered 'for about 5 months' in 1693. Richard Mills, Green's successor, was appointed despite being old & infirm, and quit after only 2 years for this very reason. See *ibid*, 2 June & 28 July 1693, & 28 June 1695, fols 247, 260 & 458.

<sup>223</sup> *Ibid*, 12 March 1647, fol. 297.

indication that her absence was supplied by any substitute<sup>224</sup>.

Of course the Governors' Minutes tell only half of the story. Staff must often have made arrangements of their own to supply their service during periods of sickness, in order to retain their jobs. While 'very ill' in 1695, for example, Samuel Steers had already 'been supported by the Labo[ur] of his wife' 'for severall Moneths', by the time the state of affairs was reported in the Court proceedings. Yet, here, and in general, the Board was more concerned about bearing the expence of staff sickness, than it was about any consequent neglect of the patients. It was in view of the fact that Steers had not 'put the Hosp[ita]ll to the least charge of his sicknesse', that he was permitted to 'remaine in his Employment' for a few months 'to see whether he be able to undergoe & manage the same'<sup>225</sup>.

Steward's Accounts, surviving from the early eighteenth century, however, reveal that assistants were quite standardly being provided during the indisposition of staff. In the space of just four months during 1729, for instance, 'assistance' was hired on three separate occasions, to cater for the sickness of three servants, and the suspension of another, at an extra expence of £2 15<sup>226</sup>. While, on the other hand, the basketman, Moses Ransome, was dosed and tended by the Nurse for nearly four months in 1724; Thomas Whitmy, for three months in 1727-8, and George Reynolds, for four months in 1728, without the hire of any extra hands; it is very difficult to be sure exactly how serious, or incapacitating, such illnesses were<sup>227</sup>.

Queries over medical bills for the treatment of staff at both Bethlem and Bridewell are a persistent feature of the hospitals' minutes. Indicative of the frequency of illness amongst hospital staff and of the unhygienic living conditions which staff shared with patients, this was also a product of the lack of any definitive guidelines for the tending of sick staff and of the Governors' solicitude about drains upon slender hospital finances. No 'Method or Standing Rule' was established at Bethlem to govern the rights of officers and servants to medical attention until 1699, in spite of the perpetual controversy this issue had caused during the course of the century<sup>228</sup>.

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<sup>224</sup> *BSCM*, 30 June 1711, 13 June 1713 & 27 Feb. 1714, fols 59, 124 & 147.

<sup>225</sup> Steers subsequently disappears from the Minutes, but probably survives for another 20 months, when Joseph Arnold is appointed 'in the Roome of one of the [Bethlem] Beadles...lately deceased'. See *ibid*, 28 June 1695 & 26 Feb. 1697, fols 458 & 96.

<sup>226</sup> *BSA*, 16-22 March, 17-24 May & 28 June-5 July 1729, fols 373, 381 & 388. For other instances of assistants, see *ibid*, 20-27 June 1724 & 17-24 Aug. 1728, fol. 343, & *passim*.

<sup>227</sup> See *ibid* for these years, *passim*.

<sup>228</sup> The Court had originally regarded the illnesses of staff as their own responsibility and refused to pay for

Naturally, attendance was healthier in some periods than in others at Bethlem. The 1690s was an especially insalubrious period for the Bethlem lay staff, with almost every one of its male members suffering from debilitating illness and frailty. The 1720s/30s too, were punctuated by a good deal of illness amongst both the servants and the patients, exacerbated by a fleeting bout of smallpox at the hospital. At least with the appointment of a nurse in 1695, sick servants (like sick patients) appear to have been more assiduously (if, also, more exorbitantly) tended<sup>229</sup>. Yet lack of provision for staff sickness could cause real problems in the efficient running of the hospital. When, due to the Steward's indisposition in 1696, for example, no-one was available to receive money owing for Margaret Hebb's maintenance in Bethlem, her mother was put to considerable inconvenience and the patient's discharge refused and delayed unnecessarily by the Committee<sup>230</sup>.

### General Conduct

There is much to confirm the traditional account of an enduring low standard of nursing at Bethlem, of exploitative and neglectful servants, in the Governors' Minutes. One discovers the same abuses occurring again and again, in the face of repeated orders and exhortations of reform from the Governors' Courts and Committees. The misappropriation of funds, misuse of provisions and cruelty of fifteenth and sixteenth century masters/keepers and their deputies, finds a more explicit reflection in the better documented complaints against stewards, porters, matrons, basketmen and maidservants, in the seventeenth and eighteenth centuries. Much of this, in the early period of Bethlem's history, is attributable to the indiscriminate granting of the Mastership by the Crown (or the City) as a reward. In early modern times, under the governorship of Bridewell, Bethlem suffered under a lack of thorough supervision, from an unwieldy administration with too many commitments and too little time, which too often left staff to their own devices. During the seventeenth century, in particular, the Court Books

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their treatment. Increasingly, in practice, however, officers (like servants) seem to have got away with most of the costs of their illnesses, even when they failed to acquire the necessary authorisation of treatment from the Court. The standing method adopted in 1699 for treating staff, nevertheless, excluded officers from any entitlement to provision. For controversy over medical officers' fees for the lay staff of both hospitals, see e.g. *ibid*, 12 & 27 July 1677, 25 Jan. 1678, 12 Sept. 1684, 6 Feb., 3 June, 3 & 14 July 1685, 15 June 1686, 15 April 1687, 11 Jan., 10 & 24 May 1689, 11 April 1690, 7 July 1693, 30 April & 26 Nov. 1697, fols 401-2, 4, 5, 34, 76, 88, 90, 138, 235-6, 353, 398, 405, 36, 253, 106 & 150. For the Governors' resolution, see *ibid*, 17 Nov. 1699, fol. 326-7.

<sup>229</sup> The basketmen, John/Wiliam Green, Richard Mills & Samuel Steers; the Steward, Thomas Yates, & the Porter, Francis Wood, were all ailing between 1693 & 1697. See *ibid*, 28 July 1693, 28 June 1695, 18 Dec. 1696 & 26 Feb., 30 April & 26 Nov. 1697, fols 260, 458, 81, 94 & 150. For the sickness & nursing of servants & patients in the eighteenth century, see *BSA*, *passim*.

<sup>230</sup> *Ibid*, 18 Dec. 1696, fol. 81.

testify that most of the Governors' business was taken up with affairs at Bridewell, or with the tenants of both hospitals. Bethlem, much the smaller institution, was understandably a secondary concern. Moreover, a Court which normally met only twice (and sometimes only once) a month, and relied upon a casual system of visitation from governors living nearby the hospital, was bound to find the ordering of its servants conduct somewhat difficult. Inevitably, abuses were often impossible to substantiate and a long time in the resolving. Wedded to the prevailing hierarchical notion of staff service as a trust; which warranted abuses of that trust provided sufficient motions of contrition and deference were made and placed accountability to the patient on the bottom rung; the Governors were often too lenient with the misconduct of their staff. For example, 'the dishonest steward', Richard Langley, was repeatedly rebuked and twice suspended, during his eight years of office, for persistent forgery of his accounts, embezzlement of hospital funds and provisions, drunkenness and obstreperousness, when he ought briskly to have been dismissed. It was only the pride of the basketman, Watkin Walters, in the face of the Bethlem Sub-Committee, which precipitated his discharge, after having been convicted of selling a patient's clothes and refusing to accept demotion to the position of junior assistant<sup>231</sup>. Not until 1771 did the Governors bar all servants who had been 'discharged for any Offence or Misbehaviour' from future employment in the hospital<sup>232</sup>.

One must be careful not to exaggerate the grimness of the reality, however. Members of staff were occasionally long-serving and rewarded for their good service. Nor is there much cause to doubt the good intentions of the Governors in their management of Bethlem and the conduct of its staff. As I have shown in Chapter 1, the Board began to exert increasing authority upon the running of the hospital, as the period progressed. With the institution of a weekly Committee for Bethlem, at the end of the seventeenth century, and of a Grand Committee dealing with the affairs of both hospitals, the disciplining of staff was settled with more alacrity outside the Court forum, although the dramatic growth of the hospital, its visitors and its patient population, over the next century, still allowed staff plenty of scope for abuse.

### Statistics Of Conduct

In order to convey an initial overall impression of the conduct of staff at Bethlem, it would be best to present a brief statistical sketch of the standard of service there. The accuracy of such a survey is necessarily limited, however, by the casual and incomplete nature of the Court Minutes, which often fail to register either the commencement, or the outcome, of servants'

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<sup>231</sup> *BSCM*, 6 Jan 1781.

<sup>232</sup> *Ibid*, 14 Sept. 1771.

careers.

Basketmen were found guilty of misdemeanours and discharged with particular regularity throughout the period. Their record is especially poor during the seventeenth century. From 1633-1700 over a third (at least fifteen) of the 43 mentioned in the (surviving) Minutes are discharged from their posts. While only eleven of these are categorically dismissed for abuses<sup>233</sup>, a large proportion (14 out of 43, or one third) of the menservants disappear from the Governors' Minutes without any, or an adequate, explanation upon which to base precise conclusions. The majority, nevertheless, are at some point admonished about one abuse or another<sup>234</sup>.

By contrast, less than a quarter (10) of the Bethlem basketmen are recorded to have died in office, while only one resigned (as sick) and only four were promoted<sup>235</sup>. The poor quality of their service is only partially manifested by the brevity of its average length. Amongst 26 basketmen appointed during 1635-1700 whose duration of service is recorded (or confidently deducible), the mean is about five and a half years, although over half (14) serve for less than three years. This was, in fact, substantially longer than the average length of attendants' service in the early days of the York Retreat, but may be attributable to the wider indulgence allowed staff for abuses by the Bethlem administration, and the lower rate of staff resignations<sup>236</sup>.

After 1700, the statistical record of basketmen's service shows some signs of improvement, yet the same problem of unknown quantities remains. Of 36 whose appointments have been traced over the period 1700-77, only a fifth (7) can be found who were discharged from their posts for abuses committed (or for reasons unknown), while a seventh (5) were promoted (exclusive

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<sup>233</sup> 2 are discharged as married; 1 as sick, and another for unknown reasons.

<sup>234</sup> Amongst the unknowns:- 2 (William Taylor & William Corbett) are simply said to have 'lately gone thence' or 'lately removed thence', and may either have left voluntarily or been discharged; 2 (Richard Mills & Eleazor Coates) are replaced merely with the words 'lately twoe of the basketmen in the said hospitall'; another, Edward Lloyd, had been ordered discharged in 1663 for repeated abuses, and although reprieved, subsequently disappears from the Minutes having been threatened with peremptory dismissal should he 'disorder himselfe' again; likewise, Richard Browne, first mentioned in 1641, is admonished in 1644, and disappears without trace from the Minutes subsequently. Amongst those dying in service:- Ferdinand Catlin, deceased (or possibly discharged sick) by 15 Nov. 1641, had (alongside another unnamed basketman) been complained of by the Steward, in 1637; while John/William Green, deceased after 10 years service from 1683-93, is complained of by the Bethlem Committee in 1689 for several (unspecified) miscarriages and for keeping a victualling house. Most of the basketmen (and Porters) who served Bethlem during the seventeenth century seem to have been guilty of stealing from the poors' and servants' boxes; see chap. 6.

<sup>235</sup> The promotions were Isaac Mount, elected Porter in 1654; Thomas Davis, elected assistant Bridewell Beadle in 1664; Peter Coote elected a Bridewell Beadle in 1667, and Francis Wood, elected Bridewell Beadle in 1675, and Bethlem Porter in 1687.

<sup>236</sup> For the Retreat's record, see Digby, *Madness, Morality and Medicine*, 100, 141-2 & 166 (Table 7.2).

of those raised from assistant basketmen to basketmen proper). Of the remainder, deaths and resignations may be definitely said to have accounted for only two ninths (8). That two of the four basketmen who quit their service did so to undertake superior positions at other establishments, suggests a rise in the status of Bethlem attendants and that experience of mental nursing was beginning to gain a modicum of recognition, at least amongst the administrators of lunatic hospitals<sup>237</sup>. The fates of nearly half (16) of these 36 basketmen are, however, not recorded, which casts considerable doubt on the reliability of a statistical survey of the hospital archives as a means to assess the standard of basketmen's service. A more realistic impression is gained from examining discharge as a proportion of known outcomes of service, which provides a figure of 15 out of 29 basketmen dismissed during 1633-1700; and 7 out of 20 basketmen dismissed during 1700-77. I.e. over one half of the basketmen appointed were dismissed in the seventeenth century, whereas even in the eighteenth century the proportion was over one third.

No amelioration of servants conduct after the turn of the eighteenth century is discernible from the comparative duration of their service. On the contrary, amongst just sixteen basketmen appointed during 1700-77, whose term of service at Bethlem may be confidently determined from the hospital's archives, the average is only four years, while almost half (7) serve for under three years. There were significant exceptions, however. This figure excludes three basketmen (John Wood, William Morgan & Richard Wright) who between them enjoyed an average service of over eighteen years, but whose starting date of service is unknown, which would raise the overall mean to over six years. All three appear to have kept unblotted copy books, while two (Wood and Wright) were promoted to the Portership.

Statistics can tell us very little about the general conduct or length of maid servants' service at Bethlem, given the meagre amount of information contained in the hospital's records. The paucity of recorded dismissals, nevertheless, does indicate that they tended to be considerably better behaved than their male counterparts. Of the six maids mentioned during 1633-1700:- one is dismissed in 1637 for vicious gossiping and polluting the (already) strained relations between the Steward and Porter and their wives; another, Elizabeth Clashby, is honorably promoted to the post of Nurse, in 1693; while four disappear from the Minutes without trace, one of whom (Elizabeth Withers), is retained despite being found guilty of absenteeism, disorderly behaviour and (probably) drunkenness. How long any of these six remained in their employment, however,

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<sup>237</sup> William Day resigned 'to go as Gov[ernor] to the Lunatic Hospital at Manchester' in 1773, after 3 years and 2 months as assistant basketman, while Thomas Dunstan served c7 years as assistant and basketman-cutter before resigning to become the celebrated Master of St. Luke's in 1781. See *BSA*, for these years. Similarly, David Davies was recruited from Bethlem by the Governors of the new asylum at Hereford, in 1799, although proving 'a failure'. See Smith, 'Behind closed doors', 307.

is unknown<sup>238</sup>. Between 1700 and 1777, the record is only slightly clearer. Of 27 maid servants and cook-maids identified:- at least six were discharged (although just four can definitely be said to have been fired for abuses)<sup>239</sup>; and at least one resigned sick; yet the outcomes of eighteen maids' services are unrecorded. The suspension of only one of these eighteen is recorded (in 1709), nor is even a reprimand to be found issued to any of the remainder. Amongst five appointees during 1756-60, whose duration of service may be determined, the average is an impressive eleven years. Likewise, both of the laundry women appointed in 1777 (Mary Davis and Anne Nixon) enjoy long services of over fourteen years and are commended and (before one dies and another resigns owing to illness) rewarded by the Board for their satisfactory duty and conduct<sup>240</sup>.

The record of the inferior officers of Bethlem very much belies, at least in statistical terms, the customary portrait of Bedlamite staff. Of the five nurses and the fifteen matrons who were employed at Bethlem from 1633-1798 not one of the former, and only two of the latter, receive their marching orders from the Governors. One nurse quits the house on marrying, but the remainder all seem to have died in office. Although the Nurse, Sarah Wright, is convicted of profiteering in 1727, no order for her discharge is issued<sup>241</sup>, while not a single complaint appears in the Minutes against any other nurse<sup>242</sup>. Their average term of service was at least sixteen years a piece, and may have been as long as twenty years.

Matrons' employment simply lasted as long as their husbands', or until their own deaths, so their average term of eleven years a piece is virtually meaningless. Only one of their number was dismissed as unfit for duty (another being discharged on marrying), while just three others are admonished for abuses ranging from pocketing visitors' donations and dereliction of duty, to allowing basketmen access to female patients and skimping upon, and selling, patients' provisions.

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<sup>238</sup> For information concerning maidservants at seventeenth century Bethlem, see *BCGM*, 21 June 1637, 31 July, 2 Sept. & 20 Nov. 1657, 24 Sept. 1658, 2 Nov. 1666, 20 May & 7 Oct. 1668, 27 March & 12 April 1678 & 27 Jan. 1693, fols 126, 822, 825, 835, 15-16, 93, 110, 17-18, 21 & 220.

<sup>239</sup> One was dismissed as married, as possibly was Mary Gower, she being discharged at the same time as the basketman, Christopher Wood.

<sup>240</sup> *BGCM* 16 Jan 1790, fols 9-10; *BSCM*, 24 Dec. 1791, fol. 47; *BSB* 1777-91.

<sup>241</sup> See *BSCM*, 6 May 1727, fols 11-12, & chap. 6.

<sup>242</sup> That Wright is admonished on her appointment not to pocket money from the Servants' Box, however, may signify that her predecessor had done just the opposite. See *ibid*, 25 Jan. 1718, fol. 3.



Amongst the fourteen porters and sixteen stewards who were appointed at Bethlem during 1633-1778, a single porter only was sacked by the Board. This was William Dodd, an ex-basketman of nearly eleven years service, dismissed in 1774 after another eight years as porter, for 'Misbehaviour Drunkenness and incapacity to execute his office', and for his lack of contrition before the Committee<sup>243</sup>. Of the remainder, only two stewards failed to serve until their deaths, one of whom (George Morton) had merely been a temporary appointment and was replaced, and the other of whom (Thomas Lewis) had resigned to work for the Lord Mayor. Stewards held office on average for nearly eleven years, and porters for just over eleven years. Despite the rather complimentary figures of staff employment at Bethlem, however, as will be demonstrated, a great deal of muddy water lay under the surface of staff conformity.

In order better to assess the underworld of staff abuses at Bethlem, a more detailed, qualitative analysis of certain areas of their conduct shall be presented. Sexual abuses and abuses connected with public visiting have been dealt with already (chaps 2 & 3), so the following discussion shall be limited to other aspects of staff conduct.

### Keeping Order

What is to be made of the standard image of Bethlem staff as cruel and brutish tormentors, tyrannising patients with bullying and beatings, ready to enforce their authority with manacles or the whip at the slightest provocation; of what Byrd refers to as the 'fully Augustan' notion of 'Bedlam as an elaborate stocks', to punish the insane<sup>244</sup> ? The literary evidence of the brutality of Bethlem staff is certainly overwhelming. Indeed, this representation is not so uniquely Augustan as Byrd would want to claim. From Middleton and Rowley's keeper, Lollo, whose management of the insane is governed by the 'poison' of the whip and the maxim 'Abuse 'em...and then you use 'em kindly'; to Swift's *Legion Club* keeper, with his 'Scorpion rods', Bethlem attendants are portrayed as savage circus tamers, who regarded and treated patients as animals<sup>245</sup>.

Furthermore, the efficacy of beating the mad had remained an established medical orthodoxy since Celsus, and punitive treatment of the insane was advocated as salutary in some of the most influential and conventional medical treatises throughout the period. Just as for

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<sup>243</sup> *Ibid*, 28 May & 21 July 1774.

<sup>244</sup> Byrd, *Visits to Bedlam*, 91.

<sup>245</sup> *The Changeling*, IV, iii, 46-7 & *passim*; *The Legion Club*, 153-8. See, also, Mackenzie, *Man of Feeling*, 30, re. the Bethlem attendant who displays the patients to visitors in the manner 'of those who keep wild beasts for a shew'.

Thomas Willis, writing in 1672, curing 'the Mad-man' 'requires threatnings, bonds, or strokes' and keeping him 'in awe' of both medical staff and servants; over a century later, William Cullen espoused the same principles of fear and punishment, regarding it as generally 'necessary...to inspire them [maniacs] with the awe and dread of those who are to be constantly near them...even by stripes and blows'<sup>246</sup>.

Yet beating, whipping and otherwise abusing the insane was far less widespread or orthodox at early modern Bethlem and in society at large than some historians have assumed. While many a Poor Tom was, assuredly, 'whipped from tithing to tithing, and stock-punished and imprisoned'<sup>247</sup>, as the harsh Vagrancy Acts of the sixteenth century commanded, whipping the mad and sick was a declining practice by the mid seventeenth century<sup>248</sup>. Before vagrant lunatics were statutorily exempted from whipping by the Act of 1714<sup>249</sup>, even a cursory examination of the Court of Governors' Minutes, or correlation of surviving parochial pass warrants, constables' books and parish officers' accounts reveals that most mad/sick vagrants were already being excused from the customary whipping incurred, and even relieved with a few pence, on account of their afflicted state<sup>250</sup>. Of course, customs may have changed rather more slowly in the provinces than in the parishes of London and its environs, and authorities frequently lost patience through confrontations with recidivists and counterfeits<sup>251</sup>.

Contemporaneously with the evasion and eventual abolition of statutory flogging of mad vagrants, medical practitioners too were displaying signs of disenchantment with punitive measures in the treatment of the insane. Indeed, the medical profession was far from the unanimous

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<sup>246</sup> Thomas Willis, *De Anima Brutorum* (1672), trans. as *Two Discourses Concerning the Soul of Brutes* (London, 1683), by Samuel Pordage, 206-7; William Cullen, *First Lines in the Practice of Physic* (Edinburgh, 1777-84), 4 vols, 4th edn, vol. iii, 141-3; Hunter & Macalpine, *Psychiatry*, 191 & 478.

<sup>247</sup> Shakespeare, *King Lear*, III, iv, 135-7. See, also, *The Ballad of Poor Tom of Bedlam*, cited in O'Donoghue, *Bethlehem*, 137, which speaks of 'whips ding-dong'.

<sup>248</sup> For whipping under the 1531 poor law & the Vagrancy Acts of 1572 & 1597, see *Statutes*, III. 329, IV. i. 591, ii. 899; A. L. Beier, *Masterless Men. The Vagrancy Problem in England, 1560-1640* (London, Methuen, 1985), 159; Geoffrey Taylor, *The Problem of Poverty, 1660-1834* (Harlow, Longmans, 1969) 53-4.

<sup>249</sup> For Vagrancy Act of 1714, see 12 Anne, c.23, & Hunter & Macalpine, *Psychiatry*, 299-301.

<sup>250</sup> See chap. 6, *infra*. Re. immunity of sick from punishment, see also, e.g., *BCGM*, 13 Dec. 1639, fol. 272; case of falling sickness.

<sup>251</sup> Hunter & Macalpine reproduce a typical extract from a Huntingdonshire parish constable's account book of charges for arresting, 'watching and whipping' 'a distracted woman' during 1690/1; *Psychiatry*, 239. For punishment of counterfeits, see e.g. *BCGM*, 23 April 1673, 18 June 1675, fols 497, 138 & chap. 6, *infra*.

front on this issue during the classical period that some historians have purported it to have been<sup>252</sup>. Whereas Richard Mead remained addicted 'to [the] use [of] harsh words and threats', 'binding' and 'fear' (or terrorism), in his therapeutics for the insane, he dismissed 'torments and stripes' 'or other rough treatment' as 'not necessary...to bring them into order', 'even [for] the most frantic and mischievous'<sup>253</sup>. Richard Hale, Bethlem Physician (1708-28) and a close friend and colleague of Mead's, gained something of a reputation during his attendance at the hospital for his gentle methods in treating its patients<sup>254</sup>. By 1758, John Monro, Bethlem Physician (1751-92), could confidently declare antique theories concerning the salutary effects of 'beating' to be 'deservedly exploded...as unnecessary, cruel, and pernicious', and even disputed William Battie's assertion of the utility of 'bodily pain' and 'fear' in the treatment of the insane<sup>255</sup>.

Long before this period, neither the beating nor the whipping of the mad was normally even countenanced, let alone advocated, by the Bethlem Governors. In fact, there is barely a scrap of evidence, beyond literary testimony, that whips were even employed at the hospital<sup>256</sup>. Lunacy was generally regarded by the Governors, and most contemporary courts, as an exculpation for crimes and misdemeanours. When bothersome individuals like Marie Williams (arrested 'for raising a scandalous report of one Do[ctor] Biggs saying that he poysoned one \*\*\*\*\* Smith [to death]' in 1635), were brought before courts at Bridewell or elsewhere and were found 'somewhat distracted', they were standardly either 'delivered' (as was Williams), or confined, and 'the cause' dismissed as 'not deserving punishm[en]t'<sup>257</sup>. Indeed, prevailing attitudes and practices were already several leagues removed from those of earlier centuries, when the troublesome mad were treated by the Bethlem Governors and high churchmen alike with 'betynge and correccyon', whether in the privacy of the hospital or the public of the town square, in order to (demonstrably) restore their 'remembraunce' or to drive the devils from them<sup>258</sup>. The Bethlem Governors saw

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<sup>252</sup> E.g. Scull, *Museums*, 63.

<sup>253</sup> Mead, *Medical Precepts & Cautions* (1751), trans. by Thomas Stack (London, 1751), chap. iii, 98; *Medica Sacra*, chap. ix, 623. In the former work, however, Mead still compared the behaviour of the maniac to that of a 'a wild beast' who needs 'to be tied down, & even beat, to prevent his doing mischief to himself or others'; 74.

<sup>254</sup> See Andrews, 'A respectable mad-doctor'.

<sup>255</sup> Monro, *Remarks*, 38 & 47; Battie, *Treatise*, 84-5.

<sup>256</sup> There is no mention of the use or purchase of whips or rods in any of the archival material I have consulted, not even in Stewards' Accounts, where one would expect to find such items.

<sup>257</sup> *Ibid*, 11 March 1635, fol. 35.

<sup>258</sup> See Sir Thomas Moore, *The Apologie of Syr T. More, Knyght* (London, 1533), fols 197-8; Hunter &

punishment as counter-productive, by the early seventeenth century, when dealing with cases of 'distemp[er]ed brayne[s]'. Rather, it would 'be an occasion to put him [a frenzied man] quite out of his witts'. The Board might also, however, make use of such arguments to discredit, and avoid confronting, criticisms of its management<sup>259</sup>.

As early as 1646, Bethlem officers and servants were forbidden, not merely to 'give any blowes...to the Madd folkes there', but even to use 'any...ill language' towards them, upon pain of dismissal<sup>260</sup>. Thirty years later, it was ordained as one of the standing rules for staff at the new Moorfields building, 'that none of the Officers or Servants shall att any time beate or abuse any of the Lunatickes...neither shall offer any force unto them'<sup>261</sup>. While the objections of some medical theorists (like Mead) were, as Scull alleges, 'not to beating as such, [but] only to its being superfluous', the pronouncements of the Bethlem Governors certainly amount to a vigorous disavowal<sup>262</sup>. These rulings are emphatically at variance with the traditional view of the tortures of Bethlem. The necessity for such rulings also meant, on the other hand, that staff needed telling. The Steward, Richard Langley, and (more especially) his wife, had certainly 'used yll words to the [patient] Lady [Eleanor Davies]', the notorious, politically-sensitive prophetess. Her billeting in the Langley's house, during the late 1630s, was (understandably) greatly resented by the obstreperous couple; so much so, that they pretended she had 'used all the meanes she could to escape', in an initially vain, but ultimately successful, attempt to persuade the Governors to remove her<sup>263</sup>.

Moreover, the scope of the 1677 order was qualified by the exigency clause:- 'but uppon

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Macalpine, *Psychiatry*, 5-6.

<sup>259</sup> See the case of John Jeweler, discharged from the office of Bridewell Steward in 1633 and (definitively) in 1635, for falsifying his accounts and slandering the Board and its officers. While his vitriol is dismissed as the unfounded, malicious and distempered speeches of 'a sicke man' and his claims for money owed him regarded as 'most improbable', the Governors ultimately elect to pay him off, and merely threaten prosecution. The intention is evidently to defuse the possibility of a scandal; to prevent him from 'utter[ing] or publish[ing] such false malicious and scandalous speeches'. Yet the Governors do appear to deal fairly and openly with the matter. They investigate and reproduce Jeweller's (and other officers') charges at great length, and the majority are clearly without foundation. See *BCGM*, 1 & 27 March 1633, 31 Oct. & 17 Dec. 1634, 2 & 16 Feb. 7 & 9 March 1635, & 13 Dec. 1639; fols 317, 322-4, 16, 21, 25-7, 29-30, 32-4, & 272-4.

<sup>260</sup> *Ibid*, 18 July 1646, fol. 270.

<sup>261</sup> *Ibid*, 30 March 1677, fols 358-9.

<sup>262</sup> Scull, *Social Order/Mental Disorder*, 64.

<sup>263</sup> See *ibid*, 16 Aug. 1637, fol. 134. For more on her case, see *infra* & chap. 6.

absolute necessity for the better Governm[en]t of the said hospitall Lunatickes'. While the Governors may only have been referring to the use of 'force' against patients, the matter was very much open to interpretation on the part of the attendant.

Outsiders patently believed that flogging at Bethlem was *de règle*. Despite the impression which had been formed contemporaneously by Parliament, however, when sending the blasphemer, John Taylor, to Bethlem with the instruction that he be confined on 'bread and water and such due bodily Correcon as may conduce to his Recovery', the Bethlem Board did not sanction such treatment. Indeed, on the Physician finding Taylor sane, he was directed to inform the Clerk of Parliament not only of the patient's 'Disposition', but, more to the point, 'that there is noe punishm[en]t for any kept in Bethlem'<sup>264</sup>. When deliberating over the case of Thomas Dunn, a mariner and another Privy Council committal, however, just eight years prior to this affair, the Governors somewhat antithetically commanded the Bethlem Porter that Dunn 'bee not whipped or beaten but treated as well as the said hospitall will aford'<sup>265</sup>; implying that such punishment was standard issue for the ordinary patient. The Court was probably simply echoing in this instance the language employed in the original Privy Council warrant (cited, but not reproduced, in the Minutes), yet Dunn does appear to have been accorded preferential treatment<sup>266</sup>.

Nevertheless, in 1720, not long before Swift was writing about the 'daily' lashing of Bedlamite-Irish politicians, Strype was pronouncing, on the authority of Edward Tyson (Bethlem Physician 1684-1708), that 'there is nothing of violence suffered to be offered to any of the Patients, but they are treated with all the Care and Tenderness imaginable'<sup>267</sup>. In fact, there is remarkably little evidence in the Governors' Minutes over the entirety of the period 1635-1785 that staff were ever found guilty of physically assaulting patients. The only recorded autopsy conducted on a patient who appears to have died in suspicious circumstances, concluded that she had died of 'naturall' causes<sup>268</sup>. Although the Bethlem Porter, Humphrey Withers, was accused by a

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<sup>264</sup> Latin warrant/letter dated 14 May 1675 from John Browne, Clerk of Parliament, with English translation, at back of 1666-74 Court Book, & *BCGM*, 19 May 1675, fols 129-30, for response.

<sup>265</sup> *Ibid*, 25 Jan 1667, fol. 29.

<sup>266</sup> The warrant was issued on 16 Jan. 1667, just 9 days prior to the Court of Governors' meeting. Dunn was also ordered to be provided with 2 blankets and a coverlet, while the Porter was instructed 'to take care for his safe custody', special provisions not accorded the average Bethlem patient. See *ibid*.

<sup>267</sup> See Swift, *Legion Club* (1733), & Strype's up-dating of Stow's (1598), *Survey*, (1720), 196.

<sup>268</sup> *BCGM*, 11 Feb. 1674, fol. 613. Two examinations were in fact conducted by the City Coroner, one on the body of Elizabeth Soe alias Jackson, a lunatic who had been sent to Bethlem from Newgate, & the other on

Katherine Goodfellow of 'abuses...done to [the patient] Bridget Martyn' in 1647, Withers was absolutely exonerated by the Court, after 'inquiring of the S[er]vants of the house', and Goodfellow dismissed as 'a woeman crazed in her braine & neither knowing nor caring what shee saith of any one'<sup>269</sup>. This episode may also suggest, on the contrary, just how difficult it was to make such accusations stick, how reliant were the Governors on the honesty of their staff, and how the voice of the insane was, by its very nature, discredited; particularly when the Governors were so anxious lest 'the hospital be...dishonored' by allegations of maltreatment. Servants were given short shrift by the Governors if found to be abusive. When, in 1712, complaint was made to the Committee that Mary Osgodby, the Steward's assistant, 'behaves her self very rudely & gives disturbance in y[e] house', she was 'imediately discharge[d]'. On the other hand, she seems to have served the hospital, already, for over four years, while the Governors often seem readier to be strict with discontents amongst staff, than they were with more problematic staff-patient relations<sup>270</sup>.

One should not forget, the few surviving testimonies of patients themselves, nor the suspicion, supported by literary depictions of the hospital, that a rhetorical veil covers a welter of sins. Both James Carkesse and Urbane Metcalf, whose accounts of Bethlem are separated in time by over a century, speak of beatings delivered by staff, and the generally uncivilised nature of their conduct<sup>271</sup>. Metcalf, in particular, recounts gruesome experiences of cruelties practised for years by staff upon patients without detection, alleging that the Porter and every male keeper indulged in the beating and tormenting of even the mildest cases, or got other patients to be 'bully' for them; that they actually conspired in such abuses and maintained bribed look-outs to avoid discovery by the officers or the visiting Committee, and that the officers were anyway too weak, supine, or cruel, to put a stop to this treatment. What lends considerable credence to Metcalf's testimony is his admission that he himself was 'generally treated with great civility', and his sole concern to publish abuses committed against other patients, rather than against himself.

Likewise, although Carkesse is solely preoccupied with his own case, his description of the Porter and three basketmen as a Cerberus with three tails tallies rather well with what may be

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John Robotham, formerly a prisoner at Bridewell.

<sup>269</sup> *BCGM*, 24 Dec. 1647, fol. 329.

<sup>270</sup> *Ibid.*, 19 Dec. 1707 & 20 Feb. 1708, fols 390-91 & 399; *BSCM*, 22 Nov. 1712, fol. 105. Osgodby's replacement, Ann Derroon, lasted until the Steward's death, in 1713; *ibid.*, 18 April 1713, fol. 119.

<sup>271</sup> Carkesse, *Lucida Intervalla* (1679); Metcalf, *The Interior of Bethlechem Hospital* (1818).

gathered about them from the hospital records. By 'the two from *York and Wales*', who 'are fierce', Carkesse clearly means Edward Langden/Langdale, appointed in 1678 and discharged in 1681 for making Mary Loveland, a patient, pregnant; and William Jones, appointed in 1672, and continued because believed 'to be an honest industrious sober man', until discharged alongside Langden for his part in the same (or another patient's) abuse<sup>272</sup>. Carkesse's depiction of the 'third', William Whetstone/Whetton, as provoking 'the *Monster*' to 'rail', '[be]cause [i]t has no *sting*', conforms completely with the Governors' Minutes, which reveal that he had been ill of a flux, and aged, weakly and unfit for service ever since his appointment. The Bethlem Porter, Joseph Matthews, who Carkesse singles out for especial vilification, as the 'Head' of the monster, is found guilty by the Governors too of absenteeism and neglect of duty, and is also held partially responsible for the sexual abuses committed by Langden (and Jones)<sup>273</sup>. Like Metcalf, Carkesse pronounces that 'The Gentlemen' (i.e. the Governors) are being lead 'by the Nose' by their staff, declaring the Porter 'Prince' of the 'State' of Bethlem<sup>274</sup>.

Carkesse only partially underestimated the Governors' grasp of the situation at Bethlem. While Matthews was pointedly informed in 1681, 'that this Courte is very sencible of the greate miscarriages lately com[m]itted in...Bethlem', the Governors only knew about the abuses of 'one of [my italics] the...basketmen', and this was all rather late in the day<sup>275</sup>. Yet Carkesse has very little specific to say about being beaten by staff at Bethlem. Rather it is the entire experience of being treated like a madman to which he objects (something which the moral therapy movement of the latter eighteenth, and nineteenth, centuries, was to strive to reverse); in particular, being chained, kept in darkness, and having physic poured, or (on his resistance) forced, down his throat by the Porter and basketmen. Metcalf's narrative is suffused with a good deal of second-hand information and hearsay, gathered from other patients, accepted rather uncritically, and laced with his own suppositions. He can have known little for certain about Bethlem before 1800, while the situation at the hospital appears to have markedly deteriorated since the exclusion of public visitors in 1770. Public access to Bethlem must have constituted both a diversion from, and a constraint upon, the abuse of patients by staff, although carrying with it a whole host of other attendant ills (see chap. 2). To maintain that Bethlem had a peculiar pre-

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<sup>272</sup> *BCGM*, 8 March 1672, 12 April 1678, 30 March, 15 April & 5 Aug. 1681, fols 376, 18, 21, 216 & 241; Carkesse, *Lucida Intervals*, 'Jackstraws Progress' & 'The Mistake', 23 & 52; & chap. 4, 'Segregation'.

<sup>273</sup> *Ibid.*

<sup>274</sup> *Lucida Intervals*, 'The Porter, a Prince', 64

<sup>275</sup> *Ibid.*, 30 March 1681, fol. 209; *infra*, chap. 3, 'Segregation'.

eminence as a place of cruelty towards the insane, ignores the host of like allegations foisted on private madhouses and other public asylums, takes the literary fiction of Bedlam too literally as synonymous with the actual Bethlem, and disregards the regulations of the institution and its very openness to public scrutiny. Indeed, although James Carkesse describes the Porter and servants of Bethlem as vicious, and refers to 'keepers blows' and 'Tyranny' he endured, he seems to have encountered harsher treatment behind the closed doors of the Bethlem Physician, Thomas Allen's, Finsbury Madhouse<sup>276</sup>.

The primary duties of servants; restraining, and administering physic to, patients; keeping order amongst them, particularly 'when they are permitted to walke the yards in the day time'; and 'suppresse[ing] any miscarriage that may happen by the said Lunatickes in the nighttyme', inevitably, encountered resistance and demanded some degree of coercion<sup>277</sup>. Staff were encouraged to think of their role at Bethlem as one of both ruling and subjugating the insane, and of caring for them. Yet, while Jane Johnson was appointed as Matron, in 1663, 'to looke to and take care of the distracted woemen', and with liberty 'to call to her assistance any one or more of the Menservants...[when] shee cannott rule any distracted woemen herselfe', in practice, it was the latter responsibility which more often characterised the conduct of staff towards patients<sup>278</sup>. This does not seem very far removed from Swift's portrait of keepers driving patients back when they 'are apt to be unruly', but the author's rejoinder:-

Lash them daily, lash them duly  
Though 'tis hopeless to reclaim them  
Scorpion rods, perhaps, may tame them<sup>279</sup>

should not be taken as a faithful reflection either of customary practice, or of governing attitudes, at Bethlem. While the Governors, through their spokesman, Thomas Bowen, Bridewell Chaplain, were still striving, in 1783, to contradict the 'most injurious notion' that Bethlem patients 'are beaten, and...ill treated, in order to compel them to submit to the necessary operations'; exceptions were still made 'in cases of self-defence' and the Governors could do little,

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<sup>276</sup> Carkesse alleges e.g. that at Finsbury, Allen:- 'order'd his keeper, at Large,/ On occasions to ply h'im with Blows,/ That what *Jagular* did not discharge,/ The mad *Blood* might come out of his Nose'. See *Lucida Intervals*, 14-15, 39, 52 & 62.

<sup>277</sup> *BCGM*, 16 Oct. 1674, fol. 55

<sup>278</sup> *BCGM*, 1 April 1663, fol.43.

<sup>279</sup> Swift, *The Legion Club*, ls 141-58.



otherwise, than to 'strictly enjoin' their staff to the contrary<sup>280</sup>. Despite emphasising the need for 'the greatest tenderness and affection' in the management of the insane and declaring that 'their attendants [should] never be suffered to behave otherwise to them', John Monro doubted that it was 'possible to prevent' ill treatment from staff, and, himself, still remained wedded to an authoritarian approach<sup>281</sup>. It is worth noting that, at all asylums, Bethlem included, 'keepers might respond differently according to the patients they were dealing with'<sup>282</sup>, the affectionate account given by Bethlem staff of the mild-mannered patient, James Tilly Matthews, as against their rather more hostile description of William Norris, during the 1815 Commons Enquiry, being a perfect case in point.

Often the Governors' Minutes are simply not explicit about the nature of staff misconduct once discovered. What is one to make, for example, of the discharge of the basketman, Anthony Dadsworth, in 1652, for unspecified 'abusive carriages and misbehavio[ur]', just a year and a half after the Porter and servants had been admonished for alehouse tippling, embezzlement and absenteeism<sup>283</sup> ? Or what of the discharge of the basketman, Rowland Woolly, in 1675, as 'a p[er]son of evill fame and of a dishonest Conversacon', the very year after he had been 'wounded by a Lunaticke' so as to require medicine and surgery<sup>284</sup> ? Plainly violence occurred and might proceed from both directions. When the Steward, Richard Langley, and his wife had committed 'abuses in words blowes assaults & fowle carriages' against the Porter, Humphrey Withers, how much worse may they have treated the patients, whose means of redress were so much more limited<sup>285</sup> ? Whippings were administered regularly and enthusiastically at Bridewell, normally by the youngest and most lusty beadle, and the symbiosis that existed between the administration and staffing of both hospitals can have done very little to encourage mildness in the treatment of Bethlem inmates<sup>286</sup>. While one must conclude, however, that the flogging and

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<sup>280</sup> Bowen, *Historical Account*, 12.

<sup>281</sup> Remarks, 38.

<sup>282</sup> Smith, 'Behind closed doors', 325.

<sup>283</sup> *Ibid*, 27 May 1651 & 6 & 20 Oct. 1652, fols 496, 569 & 572, and *supra*, chap. 2.

<sup>284</sup> The apothecary's bill for Woolly's treatment was not paid for over 16 months after the first mention of his injury. While there is no doubt that Woolly's injury was serious, it is striking that this is the only recorded instance of a member of staff being seriously injured by a patient in the Minutes *Ibid*, 20 May 1674, 10 Sept. & 8 Oct. 1675, fols 645, 174 & 182.

<sup>285</sup> See *Ibid*, 21 June 1637, fol. 126.

<sup>286</sup> Quite a few amongst the Bethlem staff had formerly employed at Bridewell, or even, like James Male,

abuse of patients by Bethlem staff was much more common than the Governors were aware, or than the impression they sought to give, it was also far rarer than the popular image of the hospital has suggested.

### Provisions and Peculation: Embezzlement, Extortion and Drunkenness

Much more prevalent and easier to detect than the physical abuse of patients at Bethlem, was the embezzlement and extortion of the provisions and funds of the hospital and its patients, and bouts of inebriation. I have explained elsewhere how alcohol was something of an institution within and without the hospital walls (chaps 2 and 3). Staff drunkenness and embezzlement was often combined with going AWOL to the lively taverns which had grown up close by the hospital. Amongst 'divers abuses lately complayned of against them' in 1651, the servants and Porter (the previously exonerated Withers) were found guilty of 'curring p[ro]visions to Alehouses & abiding there to tiple & disorder themselves & neglect their service & [of] staying out late in the evening'<sup>287</sup>. The Steward's 1635/43 articles demonstrate that this was far from the first time that provisions had been diverted by staff to 'other places before it comes into the house', an abuse which continued to figure in the standing orders and rulings of the Governors throughout the period<sup>288</sup>. During the 1630s, the Steward, Richard Langley, and his wife, were also found guilty of carousing, of frequently returning 'home both together very farre gone in drinke and that at 11 and 12 of Clocke at night'<sup>289</sup>; while, throughout the 1630s and 40s, Langley was persistently stealing hospital provisions and falsifying his accounts to conceal the evidence. Obviously, such conduct had grave implications concerning the neglect and ill-treatment of patients, and (almost as important to the Governors) the ill-feeling of the hospital's tenants and neighbours. The Langleys were not only 'very unquiet uncivell and ungoverned people' ('especiall[y]...Mrs Langley'), but also 'very much disturbe[d] the Lady Davies who is prisoner

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performed the role of flogging-beadle. See *supra*, 'Recruitment'; chap. 2, & *BCGM*, 19 Jan. 1659, fols 87. Whatever the character or behaviour of one Bridewell apprentice in 1670, his complaint that his master 'had soe greivously whipped him that hee fowled his Breeches And that his Master putt the Excrements into his mouth' and the tolerance of the Court's response, inspires little confidence in the treatment of inmates at either institution. The Court merely admonished the master not to administer 'immoderate correc[ci]on or ill usage' and reproved the boy 'for his nastinesse', telling him 'that hee must be punished for the same'; *ibid*, 22 April 1670, fol. 197.

<sup>287</sup> *Ibid*, 27 May 1651, fol. 496.

<sup>288</sup> *Ibid*, 4 Nov. 1635 & 23 Oct. 1643, fols 66-7 & 74-5, & see *infra*.

<sup>289</sup> *BCGM*, 28 Feb. 1638, fols 165-6.

in their house<sup>290</sup> and all their neighbo[urs] neare adioyning<sup>291</sup>. Both the Langleys and the Withers were admonished again in 1641 about 'beinge drunke [and]...abuseing each other with evill language'<sup>292</sup>. Just three years later, the basketman, Richard Browne, was also reprimanded in the severest terms for 'his drunkennes & surliness & otherwise miscarrying himself', but was forgiven by the Court on expressing repentance and promising to reform<sup>293</sup>. Indeed, the endemic nature of drunkenness and other related abuses at Bethlem was partly a product of the leniency of the Governors' disciplinary measures. All three basketmen (Henry Godwin, Edward Lloyd & John Michells) had already received 'severall admonishments' in 1663, when ordered discharged by the Court; yet two (Lloyd and Michells) were permitted to persist for another five months before they were once more found remiss 'for their haunting of the Alehouses tipling and other disorderly courses since their last admonition'. Remarkably, one (Lloyd) was ultimately fully reinstated, on his 'submission...and p[ro]mise of Amendment' and even had the gall, twelve days before this, to apply for the vacant post of Porter<sup>294</sup>. John Batts dismissal 'for his drunkenness' in 1654 was, however, immediate and unceremonious, occurring just over a month after his admission<sup>295</sup>.

The unique and drastic measure proposed, in 1657, for correcting the conduct of Elizabeth Withers, the maidservant and widowed former matron (and possibly, during 1655 and 1662, a patient herself), may also be explained by a propensity towards alehouses<sup>296</sup>. She had not only been gadding about town with no legitimate pretext and returning late, but had not been behaving 'herselfe in [an] orderly manner'. Upon any future disorderliness, the Porter was

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<sup>290</sup> This was Lady Eleanor Davies/Douglas/Touchet, a private patient and parliamentary committal. See chap. 6.

<sup>291</sup> *BCGM*, 28 Feb. 1638, fol. 165.

<sup>292</sup> *Ibid*, 3 Dec. 1641, fol. 359.

<sup>293</sup> *Ibid*, (?) Nov. 1644, fol. 156. See, also, *ibid*, 4 Oct. 1645, fol. 217, where Browne is subsequently involved in a mysterious dispute with the Porter, Withers and his wife, the Matron.

<sup>294</sup> *Ibid*, 21 Jan., 11 Feb., 3 July & 28 Aug. 1663, fols 30-31, 35, 56-7 & 63. Lloyd is probably discharged soon afterwards, for he is not mentioned again in the Minutes.

<sup>295</sup> *Ibid*, 4 Oct. 1654, fol. 676.

<sup>296</sup> For the ensuing discussion, see *ibid*, 4 April 1655, 31 July & 26 Nov. 1657, & 3 Sept. 1662, fols 698, 822, 835 & 9. Withers is, however, a common name, & it seems unlikely to me that the servant & the patient are one and the same.

instructed to 'locke her upp in one of the roomes appointed for Lunatique persons there'. If 'the widdow Withers' had, indeed, been a patient and was still somewhat unstable, the remedy prescribed by the Court is more comprehensible. It does suggest, however, that confining lunatics was identified at Bethlem with punishment and deterrence and reflects a conviction in the salutary (and not just pre-emptive) effects of incarceration. Whether Mrs Withers was merely drunk, insane or half-sane, this recourse was clearly designed to shock her back into her senses.

It may also be that two basketmen dismissed at the same Court for 'being rude and disorderly persons' had accompanied the widow on her jaunts<sup>297</sup>. It was servants' conduct respecting visitors, however, which had particularly concerned the Court at this juncture. Ultimately, one can do little more than guess at the meaning or implications of the many cryptic entries in the Governors' Minutes. While Committees of Governors are often appointed to investigate the abuses of porter and servants at Bethlem, their findings and actions are frequently not reproduced in the Governors' Minutes. Often, on the other hand, abuses were simply not found by visiting governors<sup>298</sup>. The Board was, evidently, little interested in discussing how patients had, or might be, affected by staff misconduct. Abuses were interpreted, more directly, as a matter of disobedience to the governing patriarchy itself, than as an infringement of patients' rights or a threat to patients' health<sup>299</sup>.

Staff drunkenness and related abuses virtually disappear from the Governors' Minutes from the latter seventeenth century, but this has more to do with the delegation of Court business onto Committees of governors and the hiatuses and taciturnity of the Committee Minutes, than it does with any radical improvement in staff sobriety. The conveyance and intake of alcohol at the hospital still remains a conspicuous enough concern in the general rulings respecting staff duties for one to be certain of ongoing abuses, and is complained of explicitly by one moralistic member of the Board, Walter Pryse, in 1742<sup>300</sup>. Indeed, one may question the thoroughness of the Bethlem Committee's response to Pryse's criticism, which refused to admit 'that the Servants or any of the patients are suffered to drink to excess'. More than twenty years later,

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<sup>297</sup> *Ibid*, 2 Sept. 1657, fol. 825.

<sup>298</sup> See e.g. *ibid*, 25 Aug. 1643, 13 Feb. 1646, 3 Oct. 1655, 19 Jan. 1659, fols 61, 243, 717, 88.

<sup>299</sup> A prime example is the Court's preparedness to forgive Richard Langley's manifold abuses, without reference to the patients, once the Steward had performed a quasi-religious form of submission 'before god and this wo[rshipfu]ll assembly of Governo[r]s':- declaring 'freely from the bottome of his heart that he hath God and man and in especiall manner the wo[rshipfu]ll Governo[r]s of this hospitall [offended]' and 'acknowledging his fault and submitting himself in all humilitie to this Court'. *Ibid*, 2 April 1638, fol. 172

<sup>300</sup> *Ibid*, 27 Jan. & 12 March 1742, fols 135 & 141; chap. 6, *supra*.

the Governors accepted the need to 'put a Stop to the bringing in [and imbibing] of [non-medicinal] Beer', and instructed the Steward and servants accordingly, confining its access to passage 'through the Steward's Apartment' and its drawing to the assistant basketman for 'only one Hour at Dinner and half an Hour at Supper'<sup>301</sup>. The 1815/16 Commons enquiry into the management of the charity reveals that inebriation (with its attendant misconduct) was still rife amongst hospital staff<sup>302</sup>.

The misuse and misappropriation of provisions by staff was an even more prevalent feature of hospital life. (Connotations concerning the deprivation, malnourishment and ill-health of patients are dealt with in chapter 3). In the early seventeenth century in particular, the lack of an efficient means of accounting for what provisions were received, used, or stored, in the house, and of any regular means of supervising consumption, gave staff great opportunities for filching. In the 1630s and 40s inferior officers (the Steward, in particular) were accused and convicted of widespread abuses of this nature. The annual delivery of produce from the city markets and elsewhere to Bethlem, being received in irregular quantities, was a prime target for theft<sup>303</sup>. While the Withers's were accused by the Langley's of extorting money from patients for market bread and of selling 'the house Sewett' to a chandler, and were found 'too faultie' by the Court; Langley was himself recurrently convicted by the Court of embezzling hospital food and funds<sup>304</sup>. Langley not only falsified every one of his provisions' bills for the Michaelmas quarter in 1637-8, but mendaciously sought to mitigate his guilt, by admitting to having stolen only the occasional 'marrowbone or a piece of Beefe'. He sought to dupe the Governors again in 1639, in order to make unauthorised repairs to his house and to get away with free chaldrons of coals; was discovered in 1642 to be buying butter and cheese (out of pure pique) from the wrong suppliers at excessive rates and also to be confiscating the poundage paid for beer; and, in 1643, was found to have employed money allowed him to pay hospital bills for his own uses and to have failed to bring other of his receipts to account<sup>305</sup>.

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<sup>301</sup> *Ibid*, 20 June 1765, fol. 133.

<sup>302</sup> *Madhouses Committee Reports*, 1st Rept, 1815, 85-6, 99, 104, 106; 1st Report, 1816, 92.

<sup>303</sup> See *BCGM*, 21 June 1637, fol. 126, when Porter and servants are ordered to show the Steward, every day, what provision has been delivered from the markets or otherwise, a clear pointer to the nature of the maidservant's gossip concerning the former.

<sup>304</sup> *Ibid*, 28 April 1643, fols 35-6 & *infra*.

<sup>305</sup> Langley was also found guilty of illicitly sub-letting rooms in his house. For these abuses, Langley's second, rather lame, suspension and the prolonged (but vain) attempt by the Governors to obtain satisfaction from their steward, see *Ibid*, 9 Feb. & 2 April 1638, 25 Oct. 1639, 18 Dec. 1640, 29 April 1642, 28 April, 2 June, 4 & 25

The period of Langley's Stewardship demonstrates that the Bethlem Board was not so easy to fool as some historians and some contemporaries have supposed. Moreover, it illustrates the considerable scope that did exist for embezzlement, within the primitive system of accounting and surveillance which prevailed at the hospital; the compulsiveness with which some members of staff abused their trusts, and the relative ease with which they were often forgiven. Yet the Governors were not simply content to rely on moral exhortation and threats to force staff to conform.

The introduction of scales into the hospital to check the weight of incoming stores and the appointing of a rota of governors, two at a time, as weekly Overseers of Provisions, on the model of the practice at St. Thomas's Hospital, is an example of the responsiveness of the Board to abuses and of its ability to appreciate the administrative innovations of other hospitals. Moreover, it illustrates the significant inter-relationships influencing hospital administration (particularly, that of the Royal Hospitals) in this period. This went only a limited way, however, towards reforming abuses. The former initiative was more useful for checking on the suppliers, than the receivers of provisions, whilst the latter was a short-lived experiment, abandoned at Christmas 1641, on the lifting of Langley's suspension<sup>306</sup>. Yet the novel requirement that the Steward present acquittances for every bill (or, from 1648, for every bill over 20s) directly after they are paid, was a more lasting reform<sup>307</sup>. At both Bethlem and Bridewell, from 1648, the Steward was required to submit bills for inmates diet and other disbursements *separately*, which were to be inspected every Court day by the first four attending governors before they could be signed, a measure which must also have tightened up accountability<sup>308</sup>. Although official Overseers of Provisions were discontinued, the Governors still exercised a much more regular inspection of the hospital and its provisions than in previous times. From 1663, the Treasurer plus one or more governors, was instructed to view the management of provisions 'once a weeke or oftner', effectively restoring the overseers of the 1630s and 40s, while, at the Moorfields

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Aug., 12 Sept., 6 & 23 Oct., & 15 Dec. 1643, & 26 Jan. & 29 Feb. 1644; fols 162, 172-3, 269, 322, 381-2, 34-6, 42-3, 56, 61, 65-6, 70, 74-5, 82-3, 88-9 & 95.

<sup>306</sup> The Governors had to repeat their order that incoming provisions be weighed on arrival, in 1652, this safeguard plainly having been neglected. Scales were also ordered to be bought for the new Moorfields building, in 1677. See *ibid*, 16 June 1637, 9 Feb. 1638, 8 Sept. 1652 & 30 March 1677, fols 126, 162, 564 & 359. For Overseers etc., see *ibid*, 9 Feb., 2 April, 17 Oct. & 13 Dec. 1638, 28 July & 3 Dec. 1641, fols 62, 172-3, 182, 203, 216, 231, 343 & 359.

<sup>307</sup> *Ibid*, 15 Dec. 1643 & 28 July 1648, fols 82-3 & 354.

<sup>308</sup> *Ibid*, 4 March 1648, 340.

building, four members of the Bethlem Committee were asked to perform this office 'as often as they shall thinke fitt', according to a monthly rotation<sup>309</sup>. By the early eighteenth century, Strype was boasting on the hospital's behalf that patients' diet 'is viewed by a Committee of Governors' 'every Week'<sup>310</sup>.

Richard Langley was far from the only improvident steward, however. Thomas Lewis quit Bethlem in 1648, only to end up in Ludgate prison, in the hospital's debt to the tune of £30 for provisions, plus another £40 in maintenance fees, while his three successors perished in a state of arrears<sup>311</sup>. John Carter was culpable for charging 'im[m]oderate prizes [prices] for beoffe mutton [and]...meale', in 1672, and for dawdling in the submission of his bills<sup>312</sup>. Stewards occasionally failed to keep a regular check on, or to supply, deficiencies in the hospital larders or failed to keep a proper account of produce coming in from the markets, while porters and servants were often remiss in actually distributing patients' diet, despite orders to the contrary<sup>313</sup>.

The continual plundering of the hospital's buttery provoked the Court, in 1652, to order the instalment of two locks to its door and to divide custody of the two keys between the Steward and Porter, so that provisions could be removed only in the presence of them both 'or [if sick] of some trusty person or p[er]sons'<sup>314</sup>. The trouble, here, and in general at Bethlem, was that the Governors still had to rely on the trustworthiness of individual members of staff who proved persistently guilty of malversation, and that many of their positive initiatives were simply not, or not properly, implemented. By the time the hospital moved to Moorfields, the management of provisions was still 'not carefully...looked unto', but the Governors reverted to the less secure method of leaving the buttery under the Porter's sole charge<sup>315</sup>.

Allowing the Matron and maid servant/cook to share the kitchen left-overs ('the benefitt of the Kitchin Stuffe'), was a conventional perk at hospitals like Bethlem, and a typical means

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<sup>309</sup> *Ibid*, 3 July 1663 & 30 March 1677, fols 56-7 & 361.

<sup>310</sup> Strype's edn of Stow's *Survey*, 195.

<sup>311</sup> *Ibid*, 24 Feb. 1649, fol 378; & *supra*.

<sup>312</sup> *Ibid*, 3 Jan. 1672, fol. 368.

<sup>313</sup> See e.g. *ibid*, 3 July 1663, fol.56.

<sup>314</sup> *Ibid*, 19 Aug. 1652, fol. 561. The repetition of this order, soon after Godbed's election as Steward, however, suggests that it had fallen into neglect; *ibid*, 24 Sept. 1658, fol. 70.

<sup>315</sup> *Ibid*, 30 March 1677, fol. 359.

of supplementing staff's meagre wages, but it encouraged the two women to skimp on patients' allowance and to sell the proceeds. On the Steward's complaint to the Committee, in 1716, that the Matron and Cook scummed and removed all the fat from patients' pottage and meat and sold it as kitchen stuff, the perk was deprived them. That their salaries were augmented in recompense, suggests how closely wages were related to staff conduct<sup>316</sup>. The Matron and cook-maid continued to be caught abusing this privilege, however, even after the Governors abolished the perk<sup>317</sup>.

Staff were regularly rebuked not just for stealing provisions, but for simple wastage, especially in the seventeenth century, when the hospital's funds were so slender and the exorbitance of provisions was the persistent plaint both of hospital boards and of their stewards<sup>318</sup>.

The same old issues of rifling the buttery, carrying provisions out of the hospital, and generally misappropriating hospital goods, were a conspicuous feature of the 1677 rulings devised for the new Moorfields building, and of the standing orders governing staff conduct throughout the eighteenth century; clear proof of the continuance of abuses<sup>319</sup>.

Not all stewards managed the hospital provisions dishonestly or wastefully. Stewards, like the ex-haberdasher, George Foye, occasionally received posthumous praise from the Court for their 'care diligence and fidelity', in partial consideration of which, they or their widows were often recompensed by the cancellation of their debts or with handsome gratuities<sup>320</sup>. The

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<sup>316</sup> See *BSCM*, 17 March 1716, fol. 214, & Figs 5a & 5b.

<sup>317</sup> For granting of this perquisite, see *ibid*, 31 July 1657, fol. 822. For its abuse & withdrawal, see *ibid*, 4 Aug. 1709 & 20 June 1765, fols 500, 133 & 137; *BSCM*, 30 Aug. 1712, 24 Sept. 1715, 17 March 1716, 15 Dec. 1759 & 31 Dec. 1796, fols 98, 199, 214 & 249.

<sup>318</sup> See e.g. *ibid*, 27 May 1751, fol. 496, where 'the Porter & servants' admonished about 'wasting the butter & not making use of the Suett for the the good of the hospitall'; 19 Aug 1652, fol. 561, where Isaac Mount, the cutter-basketman, is instructed to 'daily cutt out the provisions for the poore there in a carefull & discrete manner that none may want neither that there may bee any wast'. For the perpetual complaints about 'the deareness of provision', and the impoverishment of hospital finances, see e.g. *ibid*, 30 Aug. 1639, 29 Feb. 1644, 28 May 1647, 14 Jan. 1658, 1 Oct. 1662, 18 April 1674, 19 Jan. 1694, 23 Nov. 1711, 2 Feb. 1796, fols 257, 94, 308, 844, 15, 631, 314, 631 & 58.

<sup>319</sup> *Ibid*, 30 March 1677, fols 359-60. See, also, duties concerning provisions in the accounts of the 'Care duty and Trust' of staff, drawn up for the Court in 1736 by the individual staff members themselves; *ibid*, 6 May 1736, fols 391-2; & additions made to these duties in 1765, 1769 & 1785; *ibid*, 20 June 1765 & 27 April 1769, fols 133, 135-7 & 250; *BGCM*, 15 Sept. 1785. See, also, findings of the Bethlem Committee revealing widespread embezzlement & wastage of provisions, when attempting to implement major economy measures in this branch of expenditure, undertaken at the instance of Mr. Bernard, Treasurer of the Foundling Hospital & a governor of Bethlem, at the turn of the nineteenth century; *BGCM*, 26 Jan., 25 June, 31 July, 11 Nov. & 10 Dec. 1801 & 26 Feb. 1802, fols 119-20, 128-31, 133, 135-8, 140 & 143-4.

<sup>320</sup> Foye's widow, whose inheritance had suffered considerably as a result of her husband's sickness, was given



ex-governor Matthew Benson was regularly commended and rewarded for 'his extraordinary attendance & service' in this respect and, although dying £13 in arrears to the hospital, had the debt posthumously remitted on account of his 'extraordinary service more than other Stewards formerly have done or that the p[re]sent Steward is inioyned to doe'<sup>321</sup>. Henry White (Steward 1778-85) was a particularly distinguished and efficient holder of the office; the architect of considerable savings in the expence of patients' sheets; handsomely praised and rewarded for his services by the Court and granted honourable mention and a funeral attendance by the Bethlem Treasurer and Lord Mayor, Sir Richard Clark<sup>322</sup>. Nor were all the Governors' efforts at reform completely in vain. The Minutes of the Bethlem Sub-Committee, commencing from 1709, demonstrate that the vetting and ordering of provisions was already being managed thoroughly and efficiently by the Governors, and close tabs being kept upon the operations of the Steward. Laxity on the part of the Board can certainly not be blamed for the persistently poor quality of the provisions that were sent in. Perhaps the most positive, dirigiste reform aimed at improving and economising on the management of provisions, was the Governors' introduction of contractual agreements with suppliers at fixed prices, in 1732. Formerly, the hospital had been at the mercy of market forces, which meant constantly changing prices and left the system very open to the corruption of the Steward or suppliers. Orders were, henceforth, placed in the hands of the Bethlem Committee, which advertised for contractors to serve the hospital according to half yearly (or yearly) undertakings<sup>323</sup>. In 1760, the Court actually tendered official thanks to the Bethlem Committee for its 'Great Care Attention & good Management in respect of...the large Savings' in 'the Provisions of that Hospital'<sup>324</sup>. The alterations made across the board, in 1765, to the standing duties and offices of staff, nevertheless, do more to suggest the endurance of wastage, pilfering extortion and inefficiency in the management of provisions, than inspire confidence that effective reforms were being found, let alone enforced<sup>325</sup>. Although staff were

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a gratuity of £15 by the Governors. See *BGCM*, 12 March 1647, fol. 297.

<sup>321</sup> *Ibid*, 21 April 1653, 27 July 1655, 17 Dec. 1656 & 26 Nov. 1658, fols 604, 712, 779 & 80.

<sup>322</sup> *Ibid*, e.g. 15 Nov. 1781, 21 Nov. 1782, 27 Nov. 1783 & 2 Dec. 1784, fols 19-20, 70, 124-5 & 165; *BSCM*, 29 Jan. 1780 & 19 July 1783; & the Journal of Richard Clark, Lord Mayor of London, *Guildhall MS 3385*, part ii, 23 Aug. 1785. Clark wrote on White's death: 'in every respect a worthy man & an able Officer'.

<sup>323</sup> Contracts were limited to orders exceeding £10 from June 1739, a ceiling which was raised to £20 in November of the same year. See *Ibid*, 23 June 1732 & 21 June & 30 Nov. 1739, fols 286, 50 & 65. For dealings with contractors see *BGCM*, *passim*, or *BGCM* contained in *BSCM*, from 1732, in particular fols 197 & 213-5.

<sup>324</sup> *Ibid*, 24 July 1760, fol. 343.

<sup>325</sup> For the precise nature of these alterations, see *ibid*, 20 June 1765, esp. fol. 133.

forbidden repeatedly not 'upon any Pretence...to Sell or Retail any Thing whatever to any of the Patients', they were plainly running a lively trade doing just that throughout the period<sup>326</sup>. Despite the strictness with which the Governors condemned such practices, they had to bear the embarrassment of expelling a long-standing member of their own ranks, Thomas Horne, in 1777, for having drawn whatever he desired from the buttery, for a period of about six months, with the connivance of the Steward, Rashfield<sup>327</sup>.

### Conclusion

Ultimately, the conclusion is inescapable that, as Metcalf put it at the beginning of the nineteenth century, while the standing or 'printed rules' of the hospital were 'good' in 'principle', they were 'departed from' in practice by the staff<sup>328</sup>. Metcalf's elaboration, however, that 'the keepers do just as they please' is plainly an exaggerated summary of conditions, at least for the period under consideration. The ideals expressed in the rhetoric and rulings of Court and Committee meetings were, assuredly, greatly in advance of their implementation. Yet wayward staff were regularly reprimanded or dismissed, and there is considerable evidence of qualified success on the part of the Governors, through their multiplying Committees and procedures, particularly in the eighteenth century, in bringing the environment and the conduct of staff under closer control. Indeed, a comparison with the *laissez faire* government, procedural vacuum and casual visitations, of the early seventeenth century, as against the procedural-maze and Committee-centred dirigisme of the latter eighteenth century; or between the articles and performance of 'the dishonest Steward', Langley, and the manifold duties and impeccable service of Henry White; indicates that the house management at Bethlem had made substantial progress in efficiency. Although the majority of visitors and other outsiders denounced the brutishness and corruption of Bethlem's inferior staff, and even foreign visitors, who complimented the general management of the hospital, missed what they perceived as the kindness and humanity of the Catholic nursing sisters of continental hospitals by comparison; not all observers depicted 'Bedlamite nurses' so negatively<sup>329</sup>. The courtesan, Teresia Constantia Phillips, writing in the

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<sup>326</sup> *Ibid.*, fol. 137; 27 April 1769, fol. 250 & *BGCM*, 15 Sept. 1785, in *BSCM*. See, also, *supra*, chap. 2, & Metcalf's probably exaggerated exposé of staff extortion, in his *Interior of Bethlem*.

<sup>327</sup> *Ibid.*, 1 Oct. 1777; O' Donoghue, *Bethlem*, 264; *GM*, vol. 47, 26 Sept. & 1 Oct. 1777, 459 & 503, & note, 408.

<sup>328</sup> Metcalf, *Interior of Bethlem*, 4.

<sup>329</sup> See *Londres et ses environs Paris*, 1784).

late 1740s, represented the female keeper of her anti-heroine 'Peggy' (committed to Bethlem by her parents as a melancholic) in a much softer light, as dutiful and attentive, and actually instrumental in the patient's recovery<sup>330</sup>.

The story of recruitment and conduct at Bethlem, continued throughout the period, however (especially where the lower ranks were concerned), to underline the difficulties of finding reliable staff and of effectively overseeing their behaviour. The bark of the Governors' disciplinary proceedings against staff was generally worse than the bite, and achieved very limited success in deterring inveterate abuses. Salutory initiatives, such as the ruling of 1677, which sought to establish an ascending scale of fines for (less serious) misdemeanours, culminating in dismissal for a third offence, were simply not (or not strictly) enforced<sup>331</sup>. Ultimately, the overwhelmingly negative assessments of contemporary visitors to the hospital are difficult to dispute. Again and again visitors castigated the brutality of its staff towards patients. While one must be at pains to acknowledge the polemic of accounts like that of an Irish gentleman, who visited Bethlem in 1752, and described a collection of 'poor creatures...kept under such discipline that they tremble when they see any of the officers belonging to the house'<sup>332</sup>; there is little evidence to contradict the general impression that it was 'terrific' discipline rather than care which epitomised treatment of patients by staff at Bethlem.

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<sup>330</sup> Teresa Constantia Phillips, *Apology...* (London, 1759; 1st edn, 1748-9), 71-89.

<sup>331</sup> *BCGM*, 30 March 1677, fol. 361. I have, in fact, found no evidence whatsoever that any Bethlem servant was ever fined for a misdemeanour.

<sup>332</sup> See *Narrative of the Journey of an Irish Gentleman Through England in the year 1752* (ed.), Henry Huth (London, Chiswick Press, 1869), 93

Fig. 5a: Bethlem Officers' Salaries  
+ Gratuities 1635-1785 in £s

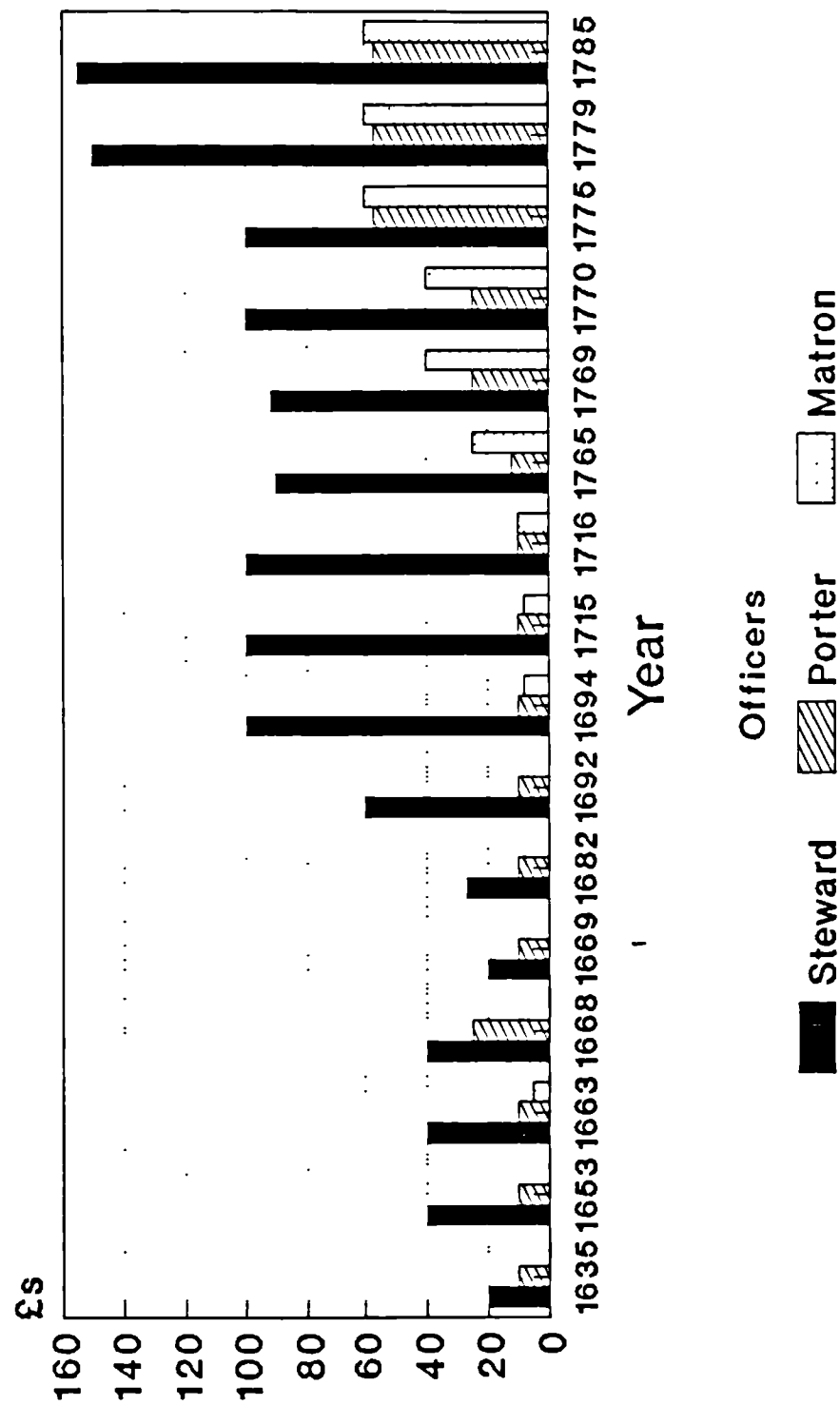


Fig. 5b: Bethlem Servants' Salaries  
1635-1780 in £s

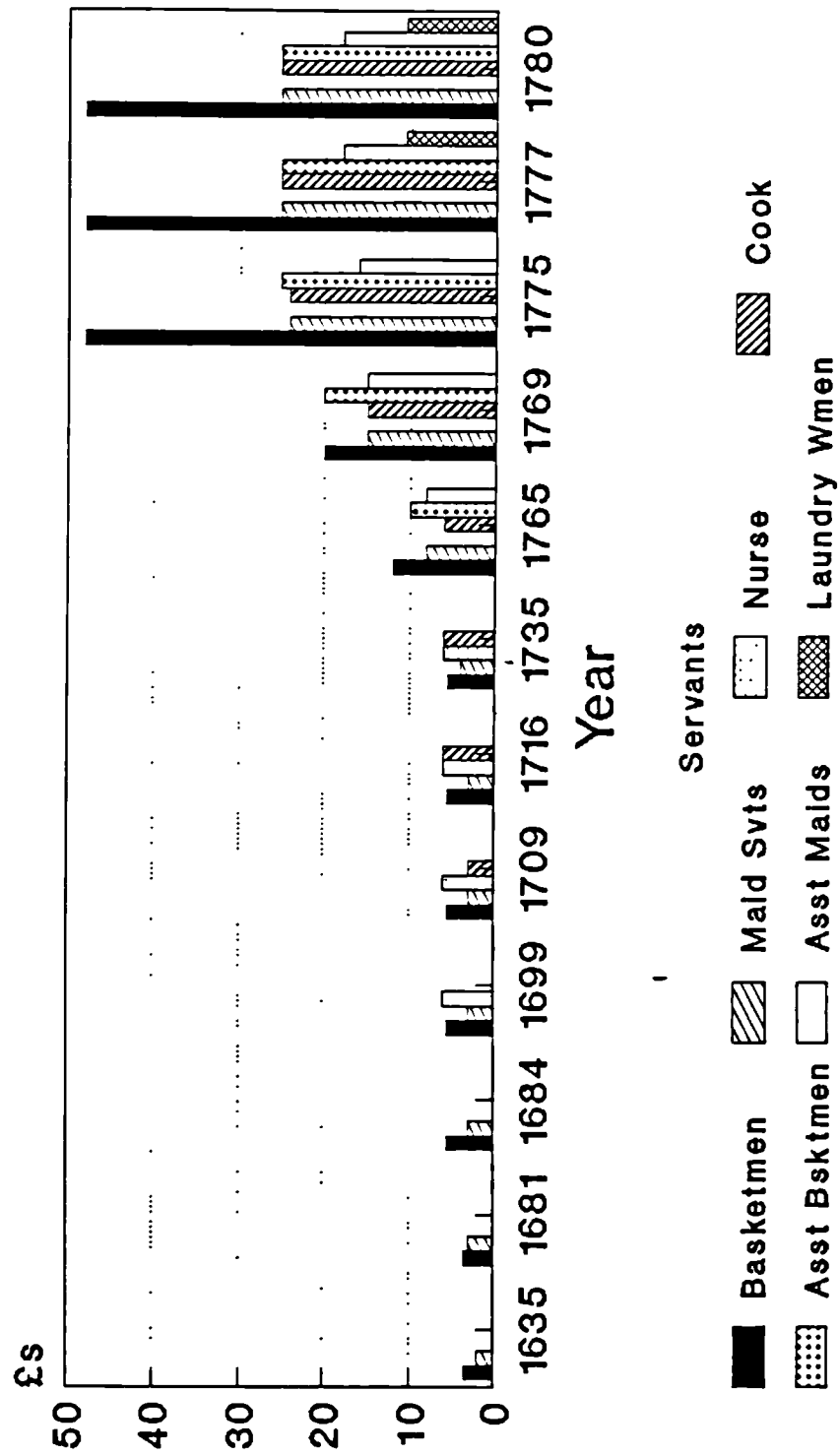


Fig. 5c: St. Luke's 'Officer's Salaries  
+ Gratuities 1751-89 in £s

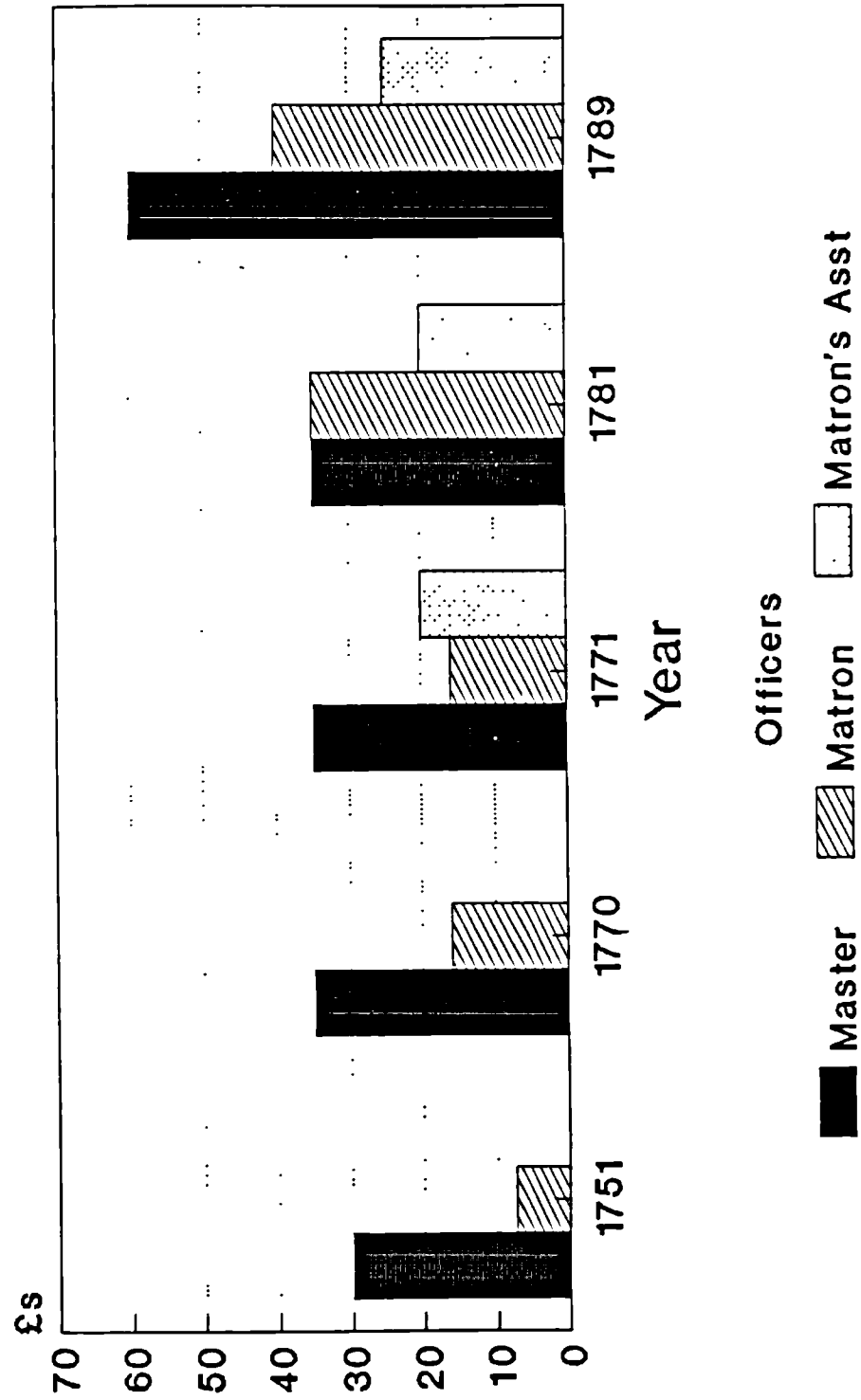
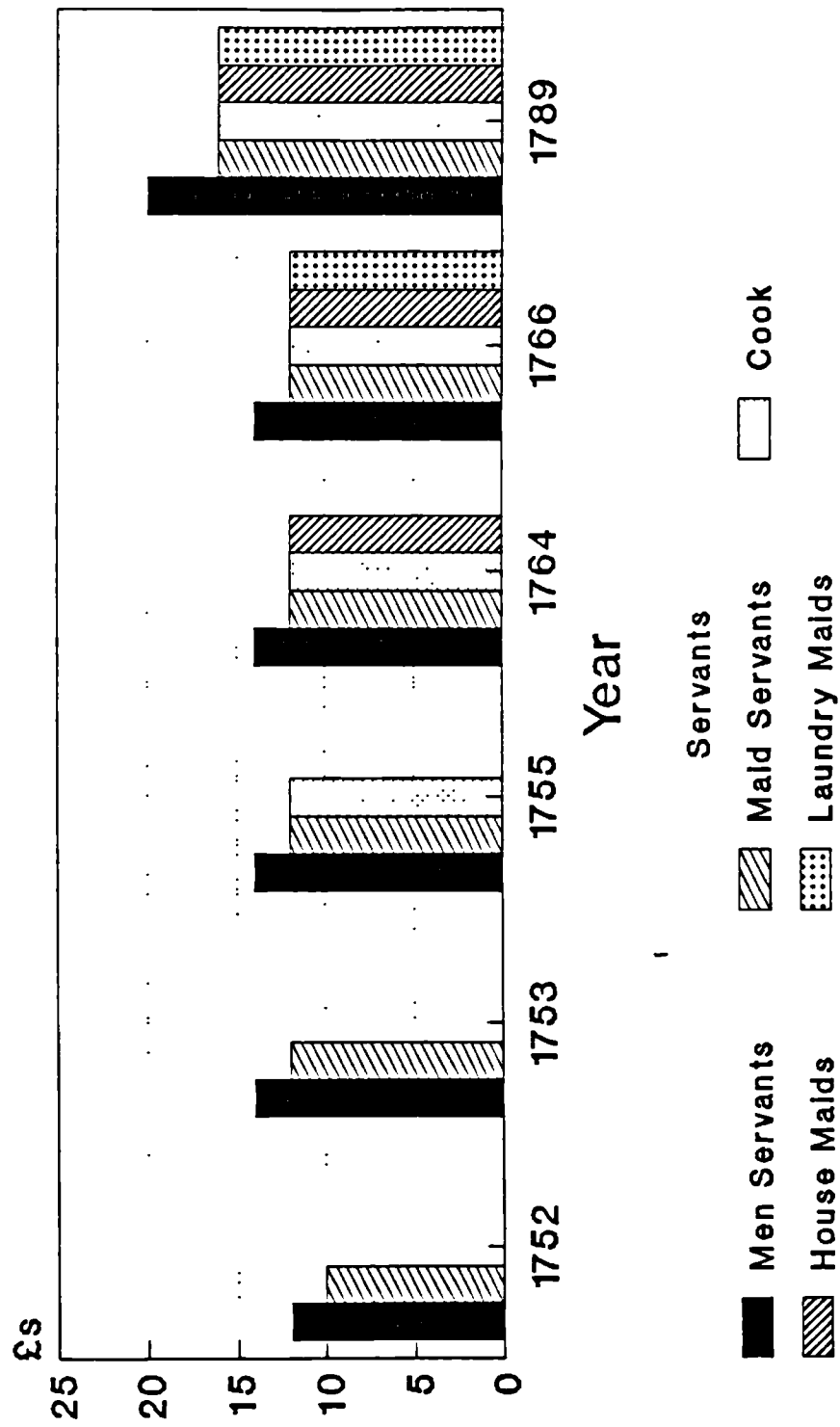


Fig. 5d: St Luke's Servants' Salaries  
+ Gratuities 1752-89 in £s



# Table 5a: Nursing Staff : Patient Ratios 1635-80

Table excludes officers' assistants & washerwomen

<u>Date</u>	<u>Officers</u>	<u>Servants</u>	<u>Total</u>	<u>Patients</u>	<u>Ratio</u>
1635-43	3	4	7	25	1: 3.6
1644-76	3	4	7	47	1: 6.9
1677-80	3	5	8	90	1:11.3
1681-92	3	6	9	117	1:13.0
1693-1701	4	6	10	128	1:12.8
1702-05	4	6	10	136	1:13.6
1706-29	4	6	10	144	1:14.4
1730-50	4	6	10	242	1:24.2
1751-64	4	6	10	263	1:26.3
1765-68	3	8	11	267	1:24.3
1769-76	3	10	13	270	1:20.8
1777-80	3	10	13	280	1.21.5

Table also excludes nightwatchman, gardener & ratcatcher.  
 Patient numbers are rough (Easter) averages, derived from  
 Spital reports, & Court & Committee Minutes.



Table 5b: Bethlem Stewards 1633-1785

George Morton (temp)	b	May 1633-b25	Feb 1636	Replaced
Richard Langley	25	Feb 1636-b31	Jan 1644	Deceased
George Foye	1	Feb 1644-b 1	Jan 1647	Deceased
Thomas Lewis	1	Jan 1647-	21 Jul 1648	Resigned
Matthew Benson	21	Jul 1648-b30	Apr 1658	Deceased
William Godbid	30	Apr 1658-b11	Feb 1663	Deceased
John Carter	11	Feb 1663-b19	Dec 1690	Deceased
Thomas Yates	19	Dec 1690-b11	Apr 1713	Deceased
Thomas Weston	19	Jun 1713-b14	Jan 1734	Deceased
William Byrch	22	Jan 1734-b29	Apr 1748	Deceased
Thomas Hodges	18	May 1748-b24	Apr 1765	Deceased
John Hughes	20	Jun 1765-b21	Nov 1770	Deceased
William Rashfield	29	Nov 1770-a29	Aug 1778	Deceased?
Henry White	a29	Aug 1778-	23 Aug 1785	Deceased

Key: a=after b=by

Table 5c: Bethlehem Porters 1633-1793

Humphrey Withers	5 Jul 1633-b12 Jan 1654 Deceased
Isaac Mount	12 Jan 1654-b28 May 1657 Deceased
John Hopkins	28 May 1657- ?? Jun 1662 Deceased
John Wrenn	?? Jun 1662-b28 Aug 1663 Deceased
Joseph Matthews	28 Aug 1663-b 4 Feb 1687 Deceased
Francis Wood	?? Feb 1687-b28 Jan 1709 Deceased
Humphrey Pooler	8 Apr 1709-b23 May 1713 Deceased
Benjamin Brockden	19 Jun 1713-b 8 Jan 1715 Deceased
James Male	18 Feb 1715-b26 Jun 1724 Deceased
John Wood	26 Jun 1724-b17 May 1753 Deceased
Richard Wright	7 Jun 1753- 10 Oct 1765 Deceased
William Dodd	11 Jun 1766- 21 Jul 1774 Dismissed
Reynold Davies	21 Jul 1774-b Aug 1793 Deceased
William Nixon	b Aug 1793-b 3 Nov 1795 Deceased

Key: b=by

Table 5d: Bethlem Barbers 1670-1770

Arthur Johnson	12 Dec 1670-b23 Nov 1677 Deceased
John Cockery	23 Nov 1677-b14 Feb 1718 Deceased
John Wood	14 Feb 1718- 26 Jun 1724 Elected Porter
John Gandell	2 Oct 1724-b21 Oct 1762 Deceased
Charles Ednot	27 Jan 1763- 14 Nov 1764 Dismissed
Ephraim Elcock	13 Feb 1765-b28 Jul 1768 Deceased
John Green	22 Dec 1768-b16 Feb 1770 Deceased
Thomas Stevenson	12 Apr 1770- ??

Key: b=by

Table 5e: Bethlehem Matrons (& Nurses) 1633-1798

zabeth Withers	5 Jul 1633-b12 Jan 1654 Replaced
nymous	a21 Jan 1663- 11 Feb 1663 Dismissed
e Johnson	1 Apr 1663- 23 Sep 1664 Dismissed
licent Matthews	23 Sep 1663-b 2 May 1684 Deceased
nah Matthews	2 May 1684- 4 Feb 1687 Replaced
twright Wood	4 Feb 1687-b28 Jan 1709 Replaced
Pooler	8 Apr 1709-b23 May 1713 Replaced
Brockden	19 Jun 1713-b 8 Jan 1715 Replaced
Male	18 Feb 1715-b26 Jun 1724 Replaced
hel Wood	26 Jun 1724-b26 Mar 1752 Deceased
na Hodges	26 Mar 1752- 20 Jul 1765 Resigned
y Spencer (atron & Nurse)	20 Jul 1765-b31 Jan 1793 Deceased
y White (atron & Nurse)	31 Jan 1793-b15 Sep 1798 Deceased

Key: a=after b=by

Table 5f: Bethlem Nurses (& Matrons) 1693-1793

Elizabeth Clashby	27 Jan 1693- ??
Ellen Swethenham	b 1709-b18 Jan 1718 Resigned
Sarah Wright	25 Jan 1718- ??
Mary Hayes	b 1747-b31 Jul 1756 Deceased
Mary Spencer	31 Jul 1756- 20 Jul 1765
(As Nurse & Matron)	20 Jul 1765-b31 Jan 1793 Deceased

Key: b=by

## Chapter 6

### Patients, Obligors, and the Dynamics of Admission and Discharge

#### Introduction

In order to understand the way Bethlem functioned as both a charity and a centre for medical care and treatment, between which contemporaries rarely distinguished, one must comprehend the ways in which patients were received and supported at the hospital. Despite the importance attached by psychiatric historians to England's first, and for so long, only, public institution for the insane, modern scholarship has displayed, and occasionally confessed, a remarkable ignorance about 'the actual practices of admitting to Bethlem'<sup>1</sup>. During the course of my research, I have frequently encountered the impression, not only popularly held, but shared by many professional historians, that almost anyone might be admitted to Bethlem and supported there indefinitely. On the contrary, there was a complex interplay of influences and procedures operating to differentiate those considered suitable for admission to, and maintenance at, the hospital, from those unsuitable, and this interplay shall be one of the foci of this section. Patients have, perhaps, remained the true 'hidden dimension' in institutional histories, locked in the asylum and looked upon as little more than administered entities, or an anonymous statistical mass. I have striven intermittently in this thesis to find means of unlocking the insane from the bounds of the institution, and shall carry that commitment through in this chapter by deploying a wide range of documentary sources to establish, more clearly, an impression of the before-life and after-life of the hospital's patient population.

The patients of Bethlem have generally been spoken of as an undifferentiated mass of poor lunatics, and my opening section will discuss the social and economic composition of the hospital's patient population. I shall emphasise not just how admission depended upon the poverty of patients and their obligors, and how much this set the charitable tenor of the provision offered; but I shall also demonstrate the significant gradations in status, occupation and wealth, that characterised the hospital's clientele; how (and on what terms) the admission and maintenance of patients was negotiable, and the peculiar biases and prejudices of the governing board towards its clients. Far from being automatic, there was a considerable degree of privilege attached to the reception of patients at Bethlem, and the following section discusses the process of referral as an aspect of favour; underlining the mounting waiting list for admission to the hospital, the need to obtain a governor's nomination and the increasing discrimination exercised in admission policy, while acknowledging the intense rhetoric and ambiguity behind this conception of incar-

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<sup>1</sup> See e.g. Donnelly, *Managing the Mind*, 6; 'The actual practices of admitting to Bethlem are, however, in general unclear'.

ceration. I will proceed to discuss patients' geographical provenance, locating the hospital in the catchment areas that it served, and setting settlement information obtainable from the hospital archives in the context of vagrancy and lunacy laws, and in the broader context of parochial relief. This analysis shall underline the difficulties of authorities in establishing and enforcing obligations of settlement, and the extra difficulties entailed by the expense of maintaining the insane and by their particular tendency to wander. It shall, also, stress the general acceptance of a responsibility to cater for the poor insane, and the legal and administrative resources at the disposal of the hospital and other authorities to compel the meeting of these obligations. The ensuing section will examine more closely the gradual evolution of diagnostic criteria governing the reception of patients at Bethlem, focusing in particular on the ambiguities in the hospital's efforts to distinguish between suitable and unsuitable 'objects of Charity', and on the increasing discrimination exercised by the hospital board and medical officers in this respect. While medical certification was not introduced as a requirement for confinement in private madhouses until the Act of 1774, certification by the Bethlem Physician had been a condition of patients' admission and discharge at the hospital since the 1650s and 60s. While I shall go on to emphasise how much Bethlem's provision for the insane was prioritised towards cases designated as 'dangerous', the intensity of the hospital's commitment to short-stay, 'curable' cases, shall also be demonstrated. The next section will analyse at some length what the 'danger' of the insane actually signified for contemporaries, delineating *inter alia* how the insane tended to come into the situations of conflict which precipitated their committal; how liable were contraventions of the hierarchical order, whether of families, localities or wider society, to be deemed as threatening and irrational; and how profoundly the process of referral and incarceration was arbitrated by the prevailing social and political order. I shall also trace significant areas of tolerance for the 'unruliness' of the insane. There follows a brief discussion of religious dimensions in the committal and maintenance of patients at Bethlem; the gradual isolation of the insane from the more positive associations of divine intervention and inspiration, and the dynamics behind the mounting influx of religious 'enthusiasts' into the hospital's wards over the course of the eighteenth century. Consistently, during this period, the administrators and promoters of Bethlem claimed a cure-rate of over  $\frac{2}{3}$ , and my final three sections assess more systematically the rather grim reality of the hospital's record behind the rhetoric of cure. An examination of the after-life of patients as derivable from parish records will evince just how limited a service Bethlem was performing, in therapeutic terms, for its pauper clients, and how rarely poor parishioners discharged or removed from the hospital can be said to have been fully recovered, or even, to have been capable of resuming their former lives. On the other hand, it will also be maintained that, given the inadequacies, paucity and expense, of alternative provision, Bethlem was performing no mean service to localities in offering affordable provision for difficult and alienated individu-

als. The final section, on the subject of mortality at Bethlem, while confirming the suggestions of previous chapters that the hospital was not one of the 'gateways to death' that early modern institutions have so often been characterised as; also argues that the apparently modest and declining mortality-rates it experienced were partially a cosmetic product of an increasingly rigid policy of exclusion and discharge of patients in a weak, debilitated or dying condition (although, not a policy by any means confined to Bethlem alone).



## **Relieving the poor insane or unburdening their friends? The social and economic composition of patients and their obligors**

As I have argued elsewhere<sup>2</sup>, historians have often failed adequately to appreciate how Bethlem and other early modern hospitals functioned as charities, how reliant they were on public benefactions and good-will, how potently they projected themselves as charities into the economic and political market place, how much their administrators conceived of themselves as dispensers of charity. It was in accordance with this ethos that patients were received, maintained and treated at hospitals, throughout the period under consideration, only if deemed 'fitt obiects of Charity'. In Bethlem's case, initially, and in general terms for the period's duration, this meant that patients were supposed to be both 'poor and mad'. Obviously, both designations are profoundly problematic, and were subject to a good deal of ambivalence, evolution and adaptation, in their practical and theoretical application, over the course of time. The hospital's governors and officers went to considerable lengths, however, to maintain these two basic requirements, and were increasingly choosy about which patients they were prepared to support.

Undoubtedly, Bethlem was first and foremost an institution for the poor insane. The vast majority of its patients were poor parishioners, supported on the poor rate, and committed to the hospital on the orders, or with the consent, of parish officers; or, in significant, but lesser numbers, they were poor individuals, supported by friends, relatives, or their own meagre funds, too poor to afford private care, but not poor enough to qualify for poor relief. Secondly, Bethlem was a Royal and a City hospital, and was disposed, if not exactly obligated, to receive insane individuals committed by order of government in its widest sense (royal, parliamentary, church and municipal) and by courts of law; or recommended by other civic hospitals, boards, institutions etc, and by city companies, colleges and corporations. The majority of these individuals, too, should be classed as poor, tending to be a varied collection of poor criminals and disturbers of the peace, vagrants, pensioners, commoner scholars, humble officials, the lower ranks of the military and navy, etc. Emphasising the extent of Bethlem's commitment to the poor, the hospital's administrators not only referred to patients as 'the poore/poore Lunatikes', but, moreover, conceived of, and justified, the provision offered for the insane as charitable relief. Orders issued by the Court for the admission of patients, during the seventeenth century, speak generally and explicitly of the 'relief' of patients, of which 'phisicke dyett & lodging', the fee charged patients' obligors for such, and even cure itself, are all considered a part. From the 1630s, parochial and private patients were admitted on petitions detailing the degree and circumstances of their poverty. It was primarily on these grounds that the assessment of the

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<sup>2</sup> Andrews, ' "Hardly a hospital" '.

weekly charge for patients, and the actual bond requiring their obligors to fulfil certain conditions for their maintenance and removal, was agreed. (Each patient, with the exception of those for whom an institution, public society or government body, stood as guarantor, was required to have two 'sufficient' sureties resident within, or in the suburbs of, London, who signed the bond and acted as insurance for the hospital). In the event of doubts as to the ability of obligors to afford a patient's maintenance in Bethlem, governors were often asked to investigate their financial condition, and the results of these enquiries produced in the Court Minutes also emphasise the poverty of the hospital's clients<sup>3</sup>. Fees set by the Court of Governors for patients' support were spoken of as payments 'towards the charge of keeping', signifying that they would not suffice to defray all the expenses of maintenance, but were a charitable concession and that the charity of Bethlem would supply the 'residue'<sup>4</sup>. These charges might be anything from 0-8/ per week, during the seventeenth century. The standard charge, however, was 5/, while the hospital's policies of initial reductions, in view of hardship, and of abatements, in view (for example) of circumstantial alterations, or prolonged lunacies, made 5/, throughout the period, the highest most families, individuals, parishes and public societies, were required to pay. This endowed patient admissions with a strong element of bargaining, whereby sureties were able to negotiate with the Court for patients' support by outlining their conditions of poverty. In this sense, then, admission was viewed as the positive relief of material distress, economic decay was viewed substantially as a concomitant of mental decay, and the Governors saw themselves as benevolent benefactors of the poor, relieving both the 'very poore' families and friends, and the 'overburthened' parishes, of the insane, and also succouring 'poore decayed...distracted' individuals themselves<sup>5</sup>. Those lunatics or relations who had means of their own were, naturally, required to contribute by the Court, and if those means were deemed sufficient for a patient to be maintained elsewhere, patients were, ordinarily, barred from admission or discharged from the hospital<sup>6</sup>. Incurables, too, were discharged if 'intitled to any Estate or money sufficient to

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<sup>3</sup> See e.g. the case of Robert Ingram whose claim that he could not afford 5/ p/w for the support of his wife was confirmed on a governor's finding that he 'is a very poore man and not able to hold his house but dwelleth in one Roome'; *BCGM*, 6 & 20 Nov. 1674, fols 62 & 67.

<sup>4</sup> Between 8/ & 10/ was normally the Governors' estimate of what it cost to maintain a single patient. See e.g. *BCGM*, 8 July 1653, 2 March 1659, 20 Oct. 1670, 3 Oct. 1673, fols 616, 113, 235-6 & 567.

<sup>5</sup> *BCGM*, e.g. 16 Nov. 1653, 3 Feb. 1654, 16 Jan. 1656, fols 629, 641 & 729.

<sup>6</sup> Martha Thornton, e.g., an orphan of 20 years, with £40 'to her porcon', was initially charged only 3/ p/w, but the hospital also approached the Court of Aldermen to get 'the residue of the charge towards her keeping...paid unto her out of the Chamber of London'. For moneyed patients discharged from Bethlem, see e.g. *BSCM*, 22 Sept. 1759, 14, Nov. 1761, 17 Sept. 1763, 5 May 1770, 18 May 1776, 13 April 1782, 8 Nov. 1783, fols 235, 358, 52 & nfn, cases of Joseph Belsham, John Godbolt, William McLacklan, James Brewster, William

maintain them elsewhere'. The policy of excluding moneyed patients was largely self-enforcing, few capable families preferring Bethlem to private care. It was more easily & stringently enforced, however, for incurables, whose duration of stay presented the Governors with greater opportunity to discover their financial circumstances<sup>7</sup>.

The policy of abatements (pursued from the 1640s) particularly underlines the charitable orientation of Bethlem as an institution for the indigent. Over 150 abatements of patients' weekly fees, ranging from 6d to the whole amount, are recorded as granted in the Governors' Minutes, during 1640-77, and over the course of the next twenty years after the move to Moorfields, the granting of abatements rocketted to an average of over 10 a year. Obligors who fell into arrears also quite frequently had their debts cancelled or mitigated by the Governors so that they could continue to maintain patients in the hospital. The sympathetic and paternalistic spirit of this relief is evident in the tenor of orders 'com[m]isserating' the 'sad condic[i]on' of patients and their obligors 'decayed' in their 'estates', or stating that a specific financial contribution 'shalbee given by this courte', overtly impressing the Board's generosity upon the recipients<sup>8</sup>.

In 1701, the optimum weekly fee for patients was reduced to 2/6, while from 1703, this fee was abolished altogether, the Court ruling that 'all Lunaticks of what condic[i]on or quality so ever that shalbee thought fitt to bee received into the...hospitall...shall bee kept...uppon the Charity thereof as to all things except clothes' (and, indeed, bedding, surgery, and removal or burial expenses)<sup>9</sup>. This sweeping dispensation manifests the intimate relationship between Bethlem as a charity and the fees it charged for patients, and highlights the Governors' acute appreciation of the material circumstances of those it dealt with. It was attributed entirely, by the Court, to the augmentation of the hospital's annual revenue 'by the charitable benevolence of severall worthy benefactors', and was granted in the hope that it 'will bee a greate Inducement to all well disposed Christians to Contribute to soe good a worke'. While incurables, supported indefinitely at Bethlem from 1728, were not included in this dispensation, the same ethos was to inspire the Governors, in 1738, to reduce the standard maintenance fees for incurables, also,

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Harding, Elizabeth Phillips & \*\*\*\* Johnson.

<sup>7</sup> See *BCGM*, 8 July 1653, 12 July 1728, fols 616, 153; *BSCM*, 8 Nov. 1785, 23 Aug. 1788, & *BIAR*, fols 11, 18, 27, 29 31, 33, 36-7, 39, 41-2, 47, etc.

<sup>8</sup> *BCGM*, e.g. 28 Oct. 1653, 26 July 1654, 6 Aug. 1656, fols 627, 668 & 763; cases of Benjamin Hide, supported by his father, Benjamin; Holmes, supported by his father, Walter Holmes ('a poore Minister') & Mary Wilkinson, supported by her aunt, Martha Boutha.

<sup>9</sup> *BCGM*, 11 April 1701 & 6 Nov. 1702, fols 439-40 & 119.

from 5/ to 2/6 per week, a ceiling adhered to for half a century<sup>10</sup>.

There were severe limits to the extent of Bethlem's charity, of course. As already indicated, Bethlem's relief did not normally extend to providing for the clothing, bedding, transportation and burial, of its patients, nor always to the surgery they required. Indeed, these first four provisions remained the standard obligations of bonds entered into for patients on their admission for the duration of the period<sup>11</sup>. In the course of 1674-5, with the Governors feeling the bite of inflation and the expense of the hospital's rebuilding at Moorfields (for which they were forced to borrow rather heavily), mitigations of patients' fees had been ceased altogether. While abatements were resumed again during 1678, a ceiling of 4/ was imposed on the weekly fees of 'Country' parishes from 1680-85, and thereafter all parishes were barred absolutely from receiving abatements for the remainder of the century, parishes clearly (though, not unreasonably) being regarded as better able to afford to provide for their insane members than private individuals and families<sup>12</sup>. From 1680, abatements had additionally been restricted to patients who had remained in Bethlem for at least six months<sup>13</sup>. An increasing concern about the expense of chronic patients silting up the hospital, provoked the Governors, in 1681, to impose a levy of 5/ per week, for 'any person' to 'have their freinds' retained at Bethlem once their discharge had been directed; a fee which was transformed into a penalty of 10/ per week (over and above any existing charges) from 1702<sup>14</sup>. Once provision for incurables was formally taken on board at Bethlem in the 1720s, a rather prohibitive deposit demanded for each admission (of £6 5/,

<sup>10</sup> Rising prices forced the Governors, in 1789, to restore the original fee of 5/ a week for incurables. The deterrent effect of high maintenance fees is indicated by cases like, Elizabeth Smith, 'Incurable & taken away by the Parish Officers on account of the increase of the Annual Payments', & by persistent efforts by obligors to avoid the payment of such fees. See esp. *ibid*, 12 July 1728, 13 Nov. 1735, 18 July 1738 & 16 July & 21 Nov. 1789, fols 153, 364, 24 & 339.

<sup>11</sup> For examples of the standard form of these bonds, compare bonds for Anne Paybody & James Speller (dated, respectively, 1680 & 1713); & Ann Bold & Henry Bailey, dated 1746 & 1789; 'Particulars...for the Admission of Patients' c1663 & c1777; & 'Instructions for the Admission of Patients' c1816, all attached as Appendix 6. See, also, *BCGM*, 10 Nov. 1652 & 18 March 1658, cases of Sarah Derrington & Simon Humfrey; & ltrs from Chelsea College & the Office for Sick and Wounded Seamen, which promised 'that Customary Charges as Bedding Clothing & during his Continuance in y[our] said Hospital shall be defrayed by us & the Charges of his Buryel in case he dyes while under your Care And wee also Ingage Whensoever you shall think fitt to discharge him [i.e. to collect & provide for him]', in *BAR*.

<sup>12</sup> Bridewell Precinct & the French Protestant Congregations in London were the only quasi-parochial bodies which continued to receive abatements after 1685, the Court deciding that they were not true parishes with the authority to levy a poor rate. See *BCGM*, e.g. 30 May, 11 & 29 July 1674, 30 April & 30 July 1675, 12 Nov. 1680, 19 Dec. 1684 & 18 Jan. 1695, fols 648, 15, 23, 125, 156, 184, 29 & 420-21.

<sup>13</sup> *BCGM*, e.g. 2 April, 14 May & 23 July 1680, fols 146, 153 & 161-2, & *passim*, thereafter, 1680-1701.

<sup>14</sup> *Ibid*, 17 Aug. 1681 & 4 Sept. 1702, fols 244 & 109.

despite its sympathetic reduction in 1729 to £4), must also have acted as a disincentive to some of the poorest friends or parishes<sup>15</sup>. The appeals of governors, like the apothecary, Walter Pryse, who persuaded the Board (amongst other things) to consider how 'the poor Incurable Patients may be eased of their weekly payments' and how the fees of the charity, in general, might be reduced, were of only limited avail, although the Board was far from oblivious to internal, or public, criticisms of the hospital's prohibitive prices<sup>16</sup>. Former prejudices against parochial admissions at Bethlem were reinforced and extended in the eighteenth century. Throughout the period, obligors had been mulcted for perquisites by ancillary staff, but from 1735 parishes alone were obliged to deposit 10/ in the servants box for every parishioner admitted<sup>17</sup>. Parishes were also required to pay extra for the bedding of their insane members, by the second half of the century<sup>18</sup>. Indeed, at mid-century, this discrimination had been made particularly explicit, with the Court ruling that patients at the charge of their relations should be preferred to those at the charge of their parishes<sup>19</sup>. Bethlem, by this time, like St. Luke's, was slowly gravitating towards a preference for 'the middling sort' of patient and his family, who began to be seen as a more appropriate, more amenable and more advantageous, investment than the pauper lunatic. It was not until the nineteenth century, however, with the mushrooming of county asylums, that 'Patients of the Educated classes' were ordered granted precedence over any other at Bethlem, and it was only by degrees, that the hospital reneged on its traditional responsibility to the poor

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<sup>15</sup> By 1792, this deposit had been further reduced to £3 10/. See *Ibid*, 9 Oct. 1729, fol. 192 & *Select Committee Enquiry into Bethlem*, 1792.

<sup>16</sup> Pryse's proposals with regard to incurables could make little headway when the hospitals' auditors reported, in 1739, that since the reduction in incurables' fees during the previous year, the expense of maintaining them had amounted to nearly £300 'more than is received' & had only been made up by 'Contingent Benefactions'. See *ibid*, 12 April, 2 May & 21 June 1739, fols 41-2, 45-7, 49 & 51. For an outside critic of the difficulty & expense of admitting patients into London Hospitals (St. Luke's, in particular), see Henry Fielding, *CGJ*, Nos 44 & 45, 3 & 6 June 1752, 250-51 & 251-5, & accompanying notes.

<sup>17</sup> *Ibid*, 16 May 1734, 29 Jan., 27 March & 13 Nov. 1735, fols 327, 339, 343 & 364. This said, obviously, 10/ per admission, was still dramatically less than the accrued burden of a weekly charge, the curtailment of which must have greatly facilitated the admission and continued maintenance of the poorest patients in Bethlem.

<sup>18</sup> While £3 4/ was charged for the bedding of public patients, only £2 5/6 was charged for private patients by 1783. See chap. 3; Bowen, *Historical Account*, 13-14, & Appendix, 'General Orders for Bethlem Hospital', 51, no. 1.

<sup>19</sup> *BGCM*, 7 June 1751, in *BSCM*, fol. 243, & *BCGM*, 21 June 1751, fol. 9. For more on this subject, with particular reference to attempts to discriminate against the admission of parochial 'incurables', see Andrews, 'Incurably insane'.

insane, transferring or diverting many of them to private and county asylums<sup>20</sup>. The Governors were still doubting, at the end of the eighteenth century, that patients, like Stephen Whitchurch, 'in Possession of a clear Income of £35 a Year' were 'proper object[s] of this Charity'<sup>21</sup>.

Tables 6a-d, which represent the occupations/social status of patients admitted to Bethlem, and of those who supported them, during the periods 1640-80 and 1694-1718 (where recorded), demonstrate just how poor the hospital's inmates were. It was apprentices, journeymen, labourers, mariners, pensioners, common soldiers and sailors, vagrants, and more especially, craftsmen, minor tradesmen, semi-skilled workers and ancillary workers; who comprised the vast majority of those relieved by Bethlem. Dealers, victuallers, officials and members of the professions, are conspicuous by their absence. Unfortunately, the hospital failed consistently to record the occupations of female patients, indicative of the extremity of their dependant status (normally, only the occupation of the supporting friend being given). While those mentioned—servant, vagrant and weaver—are likely to have predominated amongst their ranks, the hospital's minutes undoubtedly give a very limited impression of the range of female patients' employment backgrounds. Table 6e which shows the means by which patients were supported in Bethlem during 1640-80 indicates that somewhere in the region of half of the hospital's inmates were maintained solely by their parishes, while a good many more were supported on the charity of public boards and institutions.

Admission registers for the eighteenth century hospital fail regularly to record the occupation of either sex, so it is very difficult to make any valuable comparison or to gain an accurate impression of vicissitudes in the social composition of the hospital's population over time. The indications are, however, despite the hospital's attempts to grant precedence to private cases, that very little changed. Incurables Admission Registers demonstrate that parochial patients continued to make up nearly 60% of admissions to the incurables wards for the duration of the eighteenth century. The scant petitions for the admission of both categories of patients extant for the eighteenth century, rarely record occupational information, but amongst those which do, manual workers, craftsmen and domestics, remain the dominant group<sup>22</sup>.

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<sup>20</sup> This policy met with much disdain and opposition from the Corporation of London and the poor law authorities of the City Unions, in the mid-nineteenth century, in their efforts to avoid the burden of erecting the City of London Lunatic Asylum. See *CLRO MSS 188.1 & 2*.

<sup>21</sup> *BSCM*, 6 June 1795.

<sup>22</sup> Of 128 petitions located covering the period 1763-83, the employment of only 8 patients & 13 friends/certifiers are recorded. They include 6 manual workers (5 labourers & a gardener); 2 domestics; 4 craftsmen (a stonemason, a silversmith, a cordwainer & a cabinet maker); a coachman; a gentleman; 2 reverends; 2 medical men, & 2 madhouse proprietors. 5 of the last 6 appear merely to certify that the patient is a fit object.

It would, however, be caricaturing the composition of the hospital's patient population and taking the Governors' legitimising rhetoric at face value, to accept, along with Allderidge, that 'Bethlem was a public charity run *exclusively* for the reception and treatment of the poor' or that 'poverty was an *absolute* criteria of admission' [my italics]<sup>23</sup>. There were considerable gradations of wealth and class amongst the anonymous group of poor the Governors spoke of. Those patients privately supported at the hospital clearly had access to incomes (whether of their own, or of their obligors) which placed them above the poverty line. Table 6e indicates that at least a quarter of those patients admitted to Bethlem during 1640-80 were maintained privately, while a significant number were maintained by their friends in collaboration with various public, parochial and municipal authorities, and with the hospital itself. Amongst incurables supported at Bethlem during 1735-1800, private patients consistently comprised between 35 and 39% of the total incurable patient population (see Figure 6a & Table 6o). Some patients and their friends were only part of the way towards financial dependency, qualifying for merely a contribution from their parishes towards the weekly fee demanded by the hospital. That the largest occupational/social status category recorded amongst patients admitted to Bethlem during 1694-1719 is that of 'gentleman', which accounted for over 11% of those recorded (see Table 6c), indicates (despite the commonly ambivalent usage of the term), that a fair proportion of patients hailed from less humble backgrounds. The presence of 5 vintners, 2 victuallers, 3 surgeons, a public notary, a Navy Lieutenant, 3 mercers, 8 clerks and 3 apothecaries, amongst these patients; and of a barber surgeon, a doctor, 3 brokers, 2 hatters, 2 silversmiths and 2 victuallers, amongst the relatives/friends of patients admitted in the same period (Table 6d); also suggests that a significant number of admissions came from 'the middling sort'. Similarly, during 1640-80, amongst patients whose occupations are recorded in the Court Minutes, one finds 5 'gentlemen', 2 landowners, a vintner, a victualler, a haberdasher and a clerk of the royal poultry (Table 6a); and amongst supporting relatives/friends, one finds 8 haberdashers, 4 merchanttailors, 3 'gentlemen', a merchant and a cheesemonger (Table 6b). Some of those patients committed by government to Bethlem were well above the status of paupers, including, for example; the prophetess, Lady Eleanor Davies (supported by the Privy Council); the dramatist, Nathaniel Lee (supported privately and by the Board of Greencloth); a 'Captain White', and Reverend Joseph Ward (also supported by the Board of Greencloth). Likewise, Lady Mary Bohun alias Stafford 'buried out of bethlem house' on 9 April 1608, at the unlikely age of 140; Edward/Robert Phillips (lodged, like Lady Davies, in the Steward's house, on the recommendation of Sir Benjamin Rudyerd, and supported by his friends); John Theobald, 'gentleman', of Kemsing, Kent (supported by his father, also a 'gentleman', at 7/ p/w); an anonymous man from Dorking, Surrey committed

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<sup>23</sup> Allderidge, 'Bedlam: fact or fantasy?', 20.

at the direction of Mr. Arnold, a governor and former alderman, and Nicholas Bromfield, a 'Gent' of Bromley, Kent (both supported privately at 8/ p/w), were certainly not paupers<sup>24</sup>. George Lyth, in Bethlem for eight months during 1710, had been proprietor of Lyth's, or St. Dunstan's, coffee-house, prior to his admission, and although provided for after his discharge by the parish from which he had leased the house, expensive private maintenance and a high class funeral were met by the administration of his own goods<sup>25</sup>. A number of patients and/or their families/friends were on incomes of £20 or £30 p/a or more, while some patients had forfeited handsome or moderate incomes as a result of their affliction<sup>26</sup>. Governors of the hospitals themselves, Like Captain Clarke, plainly thought enough of the standard of care at Bethlem to have their own friends and relations admitted on occasion<sup>27</sup>. During 1733-94 at least 12 patients underwent Commissions of Lunacy while in Bethlem, demonstrating that they were possessed of rather wealthy estates. While some of these patients were discharged as 'improper Object[s]' by the Bethlem Board, the majority were, in fact, allowed to remain at the hospital<sup>28</sup>.

With its own ranks dominated by the tradesmen, craftsmen and citizens of London (and the suburbs), the Bethlem Board of Governors was peculiarly appreciative not only of the numerous hazards to the business and trade of patients' and their obligors, and of the incalculably cruel

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<sup>24</sup> *Guildhall MS 4515/1*; *BCGM*, 2 June 1641, 28 May 1644, 21 April 1648, 20 April 1659, 30 June 1671, fols 336, 114, 344, 127 & 315.

<sup>25</sup> See *Ghall MSS 2968/7*, 3 Oct. 1710-7 Feb. 1711; *3016/3*, fol. 126; *BAR*, fol. 167.

<sup>26</sup> See e.g. *BCGM*, 17 Nov. 1676, 11 Sept. 1678, 10 Feb. & 16 June 1682, fols 308, 50, 281, 307-8; case of 'a certeyne person formerly of considerable Estate being reduced to £35 a yeare', whose friends sued the Bethlem Treasurer for his admittance at a rate of £30 p/a, with his own 'servant...to attend him'; & cases of John Hawkins, Margaret Cuning & John Woottan. William Wood, was maintained in Bethlem by a father (Michael) who was recognised as 'an able man' with lands worth over £44 a year, and his father was still granted an abatement of his fee; *Ibid*, 6 May 1681, fol. 221.

<sup>27</sup> Clarke had his brother admitted to Bethlem in sometime before Sept. 1682 & got him continued in the hospital in that month with a view to preventing a relapse. *ibid*, 1 & 22 Sept. 1682, 326 & 328.

<sup>28</sup> See *BARs & BIAR*; *PRO MSS C211 2/98, 2/140, 5/95, 7/57, 10/35, 11/67, 18/7, 22/29, 23/118, 25/21, 26/9, 27/78*; cases of Joseph Belsham, gent. (1747); James Barnard, farmer (1773); Sarah Cawson, spinster (1774); Ann Dowse, widow (1794), William Grundy, yeoman (1743); William Hay, haberdasher (1750); Alexander Osborne (1785); John Redgrave, gent. (1733); William Sirrell, attorney at law (1783); John Godyer Tempest, gent (1752); William Vol, tailor (1748) & John Warburton, gent. (1759). Cawson & Warburton, were discharged from Bethlem as unfit on the grounds of their income, immediately after their Commissions. Barnard was 'taken out by his friends without consent of the Comm[itt]ee'. Belsham, Grundy, Hay, Osborne, Redgrave, Sirrell & Tempest, however, all remained in Bethlem for a good number of years subsequent to their Commissions, despite their wealthy assets, although Belsham & Tempest were also eventually discharged as 'unfit/improper Objects'. Dowse & Vol died, respectively, 5 & 6 months after their Commissions.



vicissitudes of the times, but also of the etiological significance of material hardship and loss in mental illness. Indeed, here is a dimension which endows that familiar cliché of the lunatic wasting his estate with a pertinence that historians have seldom gauged. The constant references in the Governors' Minutes during the seventeenth century to obligors whose 'Estate and Trade' were 'meane' or had 'decayed'; who had 'nothing in the world...save w[ha]t they Earne' by their 'trade', 'Industry' or 'dayly Labor'; who had been hit by 'the deadnes/lowness/decay of trade' or the 'hardnes of the times'; who had 'susteyned greate losses' in their own, or their husbands' trades, via sickness, infirmity or misfortune and to patients who had 'wasted & consumed' their estates; testifies to the importance the Board attached to the virtues and the adversities of the world of work, and its recognition of the economic knife edge between capacity and incapacity, and suggests a staple of empathy and commonality regarding those who had suffered reverses of fortune<sup>29</sup>. A similar regard was taken in the proceedings of Sessions to impoverishment in cases of insanity, although one must also emphasise the resourcefulness many relatives and other obligors exhibited, as indeed they had to do, in order to sustain the support of a lunatic in Bethlem. Lewis Powell, a Whitechapel silkthrowster, was admitted to Bethlem at the request of his wife, Mary, at a weekly charge of just 2/6, after 'by unhappy losses faileing in his Estate & becomeing Lunatike'. When Mary hereself was robbed of most of her goods and lost the rest to creditors, however, she made a rapid and poignant appeal to Sessions, which directed the parish to assume her husband's support<sup>30</sup>.

It would be a mistake to regard those who comprised the governing board at Bethlem as always radically removed or aloof from the circumstances of the petitioners and patients they dealt with, as indeed it would be not to acknowledge the Governors' peculiar biases; both in general, in favour of citizens, soldiers and sailors, and the 'industrious poor'; or at specific times, for example, during the Protectorate in favour of the Puritan cause<sup>31</sup>. Mary Reade was admitted

<sup>29</sup> *Ibid.*, e.g. 18 Aug. 1643, 2 Jan. 1668, 3 Nov. 1671, 15 March & 9 Aug. 1682, 28 Nov. & 19 Dec. 1690, 24 July 1691, 10 & 31 Aug. 1694, 30 July 1697, 7 Jan. 1698, 3 & 24 March, & 8 Sept. 1699, 6 Dec. 1700, fols 287, 319, 24-5, 252, 287, 319, 91, 94, 133, 376, 128, 158, 255, 308 & 418; cases of Emma Kitchenman, William Marshall, Thomas Bishop, Thomas Almond, Abraham Byard (Byward), Thomas Sutton, Rachel Franks, Anne Radwick, Elizabeth Penton, Elizabeth Hollands, Clarinda Finney, Thomas Dewey, James Lepars, Humphrey Hungerford, Thomas Alkin & Ann Stone.

<sup>30</sup> *GLRO S.M.42*, 27 Feb. 1673. See, also, the case of James Wainwright, a citizen & haberdasher of London, formerly capable of fining £400 for the offices of Alderman & Sheriff, but 'since reduced to a very necessitous Condition', & owing £65 for his son's keeping in Bethlem, whose case was recommended by the Court of Aldermen. *GLRO CA. Rep.* 97, 27 June 1693, fol. 362 & *BCGM*, 28 July 1693, fol. 260.

<sup>31</sup> For favours done soldiers of the New Model Army & their relatives, see e.g. *ibid.*, 24 Sept. 1651 & 21 Oct. 1657, fols 510 & 831, cases of Katherine Bodman, of Bedford, wife of Henry, 'a souldier & Trooper in Maio[r] Strangers of horse in Collonell Wentthropps Regiment', admitted to Bethlem in 1657; & of Mary Calling, admitted in 1651 on the petition of Edward Linsey merchant tailor of Allhallows Staining, despite the hospital

to Bethlem in 1654 at a weekly charge of just 2/6, in 1654, her father, Simon Grover, being a 'stacon[er]', but 'an aged decayed citizen'<sup>32</sup>. Likewise, William Parr (Parre) was admitted to Bethlem in 1642 at a charge of only 1/ per week, on a letter from the Lord Mayor; being a citizen and girdler, and a shopkeeper for over 15 years; and having 'noe meanes left' either 'to mainteyne' his family, or 'for the recovery of his sences', the Governors granting substantial 'consideration' to 'his distressed estate'<sup>33</sup>. Little wonder either that the Court lent a sympathetic ear and 'severall Governors' gave their personal backing to cases like that of Robert Bundy, a London clothworker, who was not only supporting his sister, Denise, in Bethlem, during 1697, out of 'kindnesse'; but was maintaining his own family and 'his Mother'(only 'lately throwne upon him'); and had experienced 'Losses' in his trade 'to the value of £300', when so many of the Governors were themselves involved in the cloth trade<sup>34</sup>. (Such cases are, also, further testimony to the heterogeneity of the hospital's 'poor' clients). Of course, there were negative sides to the contemporary stress on the ethics of industry. While obligors were being required to substantiate their industriousness, patients were given little truck, if, once designated as recovered, they continued to be work shy or troublesome, often being committed to Bridewell in a decidedly punitive manner in order to force them to work, or, by the eighteenth century, coercively put to their needle, or turned into laundry and cleaning drudges<sup>35</sup>. The increasing association of lunacy with idleness, during the eighteenth century in particular, meant that inactive and listless patients were seen as commensurately more culpable for their afflictions. There are few signs, however, that the attribution of blame attached itself to the 'idle' patients of early modern Bethlem in the way that it did to the asylum populations of the nineteenth century. Indeed,

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being almost full, she being 'a poore distracted woman lying in the streete' there & widow of John, who died 'in the Parliam[ent's] Service'. See, also, *ibid*, 8 Sept. 1653, 2 Sept. 1657, fols 599, 825, cases of Daniel Henley (a sailor), & John Bedford & John Sharpe (soldiers). Contrast, however, the entry in the Court Minutes for 27 July 1655, 'in the second yeare of Olivers usurpac[i]on'; fol. 710. For favours done soldiers and sailors in the service of the Crown, see e.g. *ibid*, 28 Sept. 1666, 4 July 1690, 30 April 1697, fols 8, 62, 107; cases of Rachel Sevey, James Stead, Charles Meglofty. Bethlem was increasingly utilised by the War Office, the Admiralty & the Sick & Wounded Board, for the reception of insane members of the military as the period progressed. For example, 13 soldiers were admitted during 1748-60 alone; 14 sailors/mariners were admitted during 1696-1703; while 25 others from the Sick & Wounded Board were admitted during 1692-1722 & 45 more (as curables) during 1734-54.

<sup>32</sup> *Ibid*, 3 Feb. 1654, fol. 640.

<sup>33</sup> *Ibid*, 30 Sept. 1642, fol. 411.

<sup>34</sup> *Ibid*, 12 March 1697, fol. 99. See, also, e.g. case of Thomas Wattee, 'a poore decayed citizen' admitted in 1656; *ibid*, 16 Jan. & 17 Dec. 1656, fols 729 & 778.

<sup>35</sup> See chap. 3. & *infra*.

there was an acute awareness of the susceptibility of society to afflictions, whether economic or social, bodily or mental and substantial recognition of insanity as a natural, although deplorable, consequence of calamity—particularly, when calamity involved an extreme material or emotional dislocation. The Bethlem Board was well disposed to those who had experienced ‘great losses by fire’ or other misfortune, granting a number of mitigations for patients, for example, after the Great Fire of London<sup>36</sup>. Anne Marshall was admitted to the hospital in 1667 at a weekly charge of just 2/ to her son-in-law, he being ‘but a Journeyman Joyner and haveing a wife and a child to mainteyne’, and she being ‘an aged woeman...fallen distracted by the late lamentable fire in London and losse of her house and goods’<sup>37</sup>. Indeed, the frequency with which lunacy, throughout the period, was ascribed to calamity by contemporaries, has been underestimated by historians. It is a conception of insanity that may be found in writers from Burton to Smollett and Haslam (the Bethlem Apothecary), and helped to contribute a softer balance to some of the more negative attitudes towards insanity as reprehensible. In his ‘Table of the Causes of Insanity’, compiled from the notebooks of the Bethlem Apothecary, John Gozna, on admissions to Bethlem during 1772-87, William Black presented ‘Misfortunes, Troubles, Disappointments [and] Grief’ as, by far, the most common cause of patients’ insanity, accounting for almost a quarter of all known causes<sup>38</sup>.

The Governors occasionally made their sympathy for the plight of both obligors and patients more explicit, as in the case of Anne Urring, ‘a young maiden’, whose mother, Joan, ‘a poore Minister’s Widdow...whoe hath nothing...but what shee getteth by her hard Labour and the Charity of good people’, was granted an abatement in 1672, on the ‘Courte com[m]iserating the sad condicon both of Mother and Daughter’<sup>39</sup>. Nor is there a great deal of evidence of this

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<sup>36</sup> *Ibid*, e.g. 25 Sept., 19 Dec. 1666, 25 Jan., 26 April, 10 July & 20 Oct. 1667, fols & 236-7; *GLRO LSM.26*, 12 Oct. 1667; cases of John Felgate, Thomas Beasely, Elizabeth Hazeler, John Felgate, Mary Sharpe & John Norton. See, also, the case of Edward Phillips, permitted to remain in Bethlem at the abated weekly fee of 2/, after Sir Benjamin Rudyerd had pleaded on behalf of his brother-in-law, ‘lately disabled by the troubles of the times [i.e. the Civil War] to contribute towards the said charge’; *ibid*, 28 May 1644, fol. 114.

<sup>37</sup> *Ibid*, 12 June 1667, fol. 49.

<sup>38</sup> Black, *Dissertation on Insanity*, 18-19.

<sup>39</sup> *Ibid*, 22 Nov. 1672, fol. 459. See, also, the cases of the sister of Mary Weekes who was granted an abatement and the cancellation of her arrears for the patient’s keeping, in 1672, on appealing to the Governors ‘with Teares in her Eyes’; Daniel Cardenell, discharged recovered from Bethlem in 1674, after a 15 month spell, but relapsing, was readmitted on the petition of 3 merchants & governors, who ‘comiserating his sad Condi[i]on’ were ‘willing to raise & pay £50 for his keepinge in...Bethlem soe long as hee shall cont nue distracted or shall live that hee may no perish’; & Elizabeth Hall, who was ordered kept ‘on the sole charge of the...hospital’, on her sister (?), Margaret, a servant maid, testifying to her poverty, the Court declaring the same...a Case of great pity and compassion’; *ibid*, 4 April 1672, 22 Jan. 1675 & 9 Feb. 1683, fols 386, 92 & 350-51.

compassion being eroded at the eighteenth century hospital, although it was sharply subject to social arbitration, tending to be conferred in particular, for example, on anglican clerics and their relations, and other professional and social groups, which appealed to the Governors' set of values. Mary Heath, for example, was ordered viewed and subsequently admitted to Bethlem, in 1709, on the petition of her father, William, minister of Bathwick, 'it appearing that she is an Object of great Compassion and young and lately deprived of her senses'<sup>40</sup>. As we shall see, while obligors increasingly forfeited their bargaining powers with the governing board, the admission of patients was conducted in a manner less trammelled by economic considerations, and more concerned with the physical and mental condition of the individual patient.

Petitions submitted to the Court also indicate a considerable reserve of sympathy amongst patients' obligors for the circumstances and condition of the insane. While the majority of those friends supporting patients in Bethlem had a direct responsibility to them as relatives, petitioners commonly stressed their lack of obligation to the insane and claimed to have undertaken to provide for them out of 'pity' to them 'as neighbours'; or out of 'kindnesse' and 'charity' to their friendless and penurious state, and to their 'distressed', 'forlorne' or 'miserable abandoned Condition'<sup>41</sup>. Many obligors, like Thomas Stinton's sister, Ann, were clearly 'willing to contribute to the utmost of [their]...power towards the maintenance' of an insane relative in Bethlem (or elsewhere)<sup>42</sup>.

Obviously, on the other hand, petitioners were keen to emphasise, and apt to exaggerate, their own, as well as the patient's, indigence, and their own charitable disposition towards the insane, in order to obtain the Governors' favour and to strike a good bargain for patients' maintenance. It is also questionable how much these petitions, whether paraphrased by the hospitals' clerk, or reproduced/extant in their entirety, truly represent the sentiments of patients' obligors, who were substantially framing their appeals according to the Governors' guidelines<sup>43</sup>. Moreover, it is very much in doubt how much the mad themselves really had to do with Bethlem's material relief of poverty. The language of orders of admission or abatement reflects a profound ambiguity as to who the hospital was primarily relieving; the insane, or their obligors. Indeed,

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<sup>40</sup> *BSCM*, 1 Oct. 1709, fol. 3.

<sup>41</sup> *Ibid.*, e.g. 10 June 1669, 19 & 28 Nov. 1673, 12 March 1697, 1 April 1698, 3 Nov. 1699 & 12 April 1700 fols 145, 587, 591, 99, 177, 321 & 363; *GLRO LSM.44*; 8 Dec. 1673; cases of Thomas Almond, Sarah Wyatt, Denise (Dennis) Bundy, Daniel Bull, Edward Cook & Mary Dolling.

<sup>42</sup> *Ibid.*, 20 May 1698, fol. 186.

<sup>43</sup> Petitions were usually drawn up at Bridewell, by, or under the direction of, the Clerk (or Treasurer).

the patient is frequently only indirectly referred to and indirectly involved in this process. Responses to petitions asking for patients to be continued in Bethlem at reduced fees, or free of charge, like that to Simon Grover's petition in 1654, make little mention of the actual condition of the patient concerned. The primary criterion was, in fact, the capacity or willingness of the friends or parishes of the insane to support them. Grover's daughter, Mary Reade, was allowed to remain in Bethlem by the Court at the mitigated charge of 1/6 'in regard *hee* [i.e. Grover, my italics] is above fower score yeares old & lame and decayed in his estate & hath mainteyned her above twelve years past past with eight children her husband being gon away'; an emphasis that typifies the Court's response to petitioners in the seventeenth century<sup>44</sup>. It was often a matter of pure economic expediency which provoked the Governors' decisions to discharge patients to their obligors; as also the decisions of obligors themselves to request patients' removal or to refuse to maintain them any longer; rather than owing to considerations of the health or welfare of the individual patient. Bethlem was loathe to cater for lunatics without securities having sealed a bond for their support, or to continue to support those whose obligors fell into heavy debt to the hospital. In fact, the Governors' Minutes, and indeed, records of poor relief disbursements throughout the period, testify more eloquently to the extreme burden the insane represented to their friends and parishes, and to the sympathy felt for the situation of such obligors, more than they do to any sympathy evoked for the plight of the insane.

Just how burdensome a load the insane might be considered and just how much their maintenance in Bethlem might be reduced to an issue of economic necessity, is exemplified by the case of Christopher Symmonds, of St. Dionis. After Symmonds's admission to Bethlem for the fifth time in 1664, his parish resolved to help meet the arrears of his maintenance by sending a delegation of the churchwardens & 'some of the Ancients' to the hospital to 'Speake with' him and force him to assign his mortgaged lease of a house in Roode Lane which they had repossessed for this purpose. If Symmonds agreed, 'they should enlarge him', but if he refused they were 'to acquaint him that he is to remaine there upon his own Charge'<sup>45</sup>. Whether or not this blackmail needed to be applied, Symmonds was indeed discharged and his lease assigned. Although he was back in Bethlem again within the year, his case also suggests how negotiable was patients' incarceration while the environment of Bethlem remained so open; how the threat of prolonged confinement itself served as method of coercion and deterrance; and yet that the insane were not regarded as totally beyond reasoning with.

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<sup>44</sup> *Ibid.*, 22 Dec. 1654, fol. 684.

<sup>45</sup> See *Ghall MS 4216/1*, fols 205 & 207; *4215/1*, 1664-6 accounts; *BCGM*, 23 Nov. & 16 Dec. 1664, fols 119 & 125.

Many obligors had, in fact, been moderately well off prior to undertaking the support of a patient in Bethlem, and the Governors' Minutes present a running catalogue of families and individuals whose circumstances were greatly reduced by the prolonged burden of maintenance fees for a chronic lunatic; obligors who having been capable initially of meeting the expense, had become 'unable to continue the payment any longer'; and who had to be bailed out by parochial relief, their securities or the hospital itself. Petitioners regularly alleged that they had been 'reduced to a very low Condicon', 'Extreame poverty' or had their 'small Substance[s]' 'Consumed', 'by the great Charge' of a patient's 'tedious Lunacy'<sup>46</sup>. Many, as they were only too prepared to impress on the Governors, had large families of their own to support, besides their insane kith and kin. Some had been forced to the lengths of pawning their clothing or household goods, or to take up exhausting or demeaning employment, in order to bear maintenance charges<sup>47</sup>. Jane Lister, for example, had maintained her 'Lunatike' husband, William, 'above Thirteene yeares' by her 'Industry' and been 'reduced to the necessity of goeing to Service to gett her Bread', when granted an abatement for his support in Bethlem<sup>48</sup>. Indeed, lunacy and committal to Bethlem was often an economic disaster for the afflicted and their families, entitling the parish and the hospital to lay claim to and sell their goods and property, in order to defray the charge of their maintenance<sup>49</sup>.

Many obligors were clearly bound under some duress to support patients in Bethlem, and some gave open expression to their annoyance and unwillingness, either by attempting to evade, or point blank refusing to meet, the expense. Others emphasised the 'trouble' they had been put to, the misfortune of their involvement with a particular lunatic or their own liberality in actually maintaining an individual to whom they had no legitimate or legal obligation, in order to obtain mitigating consideration from the Governors. The ironic inequity of the way in which Nicholas Battily had been deceived and become responsible for the maintenance of Paul Chelsey in Bethlem, Chelsey being 'formerly recom[m]ended to him to be his Curate and as a person of greate learning and sobriety', appears to have been grounds sufficient for Battily to apply for, and to receive, an abatement<sup>50</sup>.

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<sup>46</sup> *Ibid*, e.g. 26 Oct. 1664, 2 March 1694, 5 May, 11 Aug. & 8 Sept. 1699, 1 March 1700, fols 116, 323, 262, 289, 310 & 354; cases of Joane Hardy, Anne Hunt, Jane Cockbane, John Fulkes, Ann Stone & Valentine Beecham.

<sup>47</sup> *Ibid*, e.g. 15 March 1682, 10 Jan. 1701, fols 287, 421, cases of Thomas Bishop & Alice Phillips.

<sup>48</sup> *Ibid*, 26 Nov. 1697, fol. 151.

<sup>49</sup> See e.g. cases of Sarah Wyatt & John Boovey, *ibid*, 19 & 28 Nov. 1673, fols 587, 591; *GLRO LSM.44*, 8 Dec. 1673; *LSM.49*, 1 July 1678.

<sup>50</sup> *BCGM*, 23 Dec. 1689, fol. 7.

### Privilege and patronage: recommending patients to Bethlem

There was indubitably a strong aspect of privilege attached to the reception of patients to Bethlem and other London hospitals. Indeed, the admission and support of patients should be understood as a dimension of hospital patronage. At seventeenth century Bethlem patients were frequently admitted at concessionary rates, or had their fees abated, on the recommendation of governors, officers, benefactors, notables, or of other institutions and authorities. In 1679, Sarah Turner, for example, was allowed to 'be continued in...Bethlem for her cure', and had her arrears remitted and her weekly fee halved, 'att the request of Captaine Perry', 'Perry haveing beene instrumentall in haveing the hospitall...excused from paying any hearth money'<sup>51</sup>. Sarah Derrington, of Essex, was admitted to Bethlem in 1652 'att the request of Mr Yardley', the Bethlem Apothecary, he 'promising to give her all her phisicke freely w[i]thout any charge to the said hospitall'<sup>52</sup>. Other patients were occasionally granted admission without the standard security after sympathetic recommendations on their behalfs. Mary Burrows was admitted to Bethlem gratis in 1693, on her case being 'Recom[m]ended' to the President 'by John Johns', a goldsmith, governor and 'Benefactor to Bethlem', 'she being in a miserable Low Condi[i]on and one who has noe friends able to doe anything for her'<sup>53</sup>. Indeed, Benefactors might effectively purchase the right of admitting patients to the hospital<sup>54</sup>. Table 6f shows 50 cases where nominations are recorded in the Governors' Minutes, during 1640-80, as playing a part in decisions concerning patients' admissions or maintenance<sup>55</sup>. Governors regularly testified to the accuracy (or, rather more exceptionally, to the inaccuracy) of information offered before the Court on the behalf of patients and their obligors, often being residents or landlords in the same parish of (or even being acquainted with), petitioners and patients<sup>56</sup>. A letter of John Houghton

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<sup>51</sup> *Ibid*, 5 Dec. 1679, fol. 118. Perry was concurrently elected a governor of the hospitals.

<sup>52</sup> *Ibid*, 10 Nov. 1652, fol. 574.

<sup>53</sup> *Ibid*, 2 June 1693, fols 247-8.

<sup>54</sup> See e.g. case of John, Lord Craven, whose 'bountifull' benefaction to Bethlem entitled his executors to get Thomas Peters admitted to Bethlem in 1650. *Ibid*, 12 March 1650, fol. 422.

<sup>55</sup> For other typical examples of such nominations, see *ibid*, 17 Oct. 1649, 24 Feb. 1669, 7 Feb. 1672, 14 Nov. 1679, fols 399, 129, 371, 116, cases of George Lloid, Clerk of the Prince's Poultry, admitted 'uppon a l[ette]re from S[i>r Henry Meldmay'; John Hancock, 'a pore Labouring man', 'recom[m]ended to' the Bethlem Governors 'by Mr Treasur[er] Mills'; Anne Bird, of Eltham, Kent, twice granted an abatement at the request of Mr. Thomas Pilkington, a governor & subsequently (1688), Lord Mayor.

<sup>56</sup> *Ibid*, e.g. 21 June 1678, 24 July 1691, 8 Nov. 1700, fols 34, 133 & 408; cases of Margaret Cuning, William

(a friend of Tyson's and a writer on agriculture and trade) to Samuel Pepys, in which he felt 'sure', should Pepys think him 'mad', that 'my old friend Dr. Tyson will have care and pity for me, and your good word will not be wanting to your friends the Governours for any necessities fitting'; vividly manifests this less familiar side of Bethlem; indicating, not only how admission to the hospital might be viewed as something of a privilege, but how sympathetic the tenor of the care offered there could be<sup>57</sup>. Rather more factually, the petitions of friends and obligors before Sessions occasionally relate how they had 'obteyned favo[ur] to gett [a patient]...into the hospitall of Bethlem'<sup>58</sup>. A letter from Sir Owen Buckingham to Sir Thomas Rawlinson, President of the united hospitals, written in 1708, documents, not only how a notable/governor might recommend a patient for admission and the sense of privilege thus conveyed, but also highlights the genuine 'devotion' of some relatives to their insane kin<sup>59</sup>. The lack of space at Bethlem throughout the period and the increasing selectivity of the hospital's admissions policy, further contributed towards endowing patients' admissions with the character of a privilege. Mary Livermore, a poor widow of Igham, Kent, was admitted to Bethlem in 1654, despite the hospital being very full, 'to do the late Tr[ea]sur[er] J[oh]n Withers a favour'<sup>60</sup>. By the eighteenth century, a governor's nomination was a prerequisite for the admission of ordinary private and parochial patients to Bethlem. While Thomas Bowen claimed, in 1783, that 'a governor's recommendation is *never refused* to the friends of any proper object', it was plainly not always easy or possible to convince members of the Board that an individual was, indeed, a 'proper object', as a certain Mrs Gringham had discovered to her cost in 1675, when she 'Solicited' Robert Hooke 'for [a] place in the hospitall but [Hooke] refused her'<sup>61</sup>. More sympathetic observers, like Henry

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Pout & Robert Bigsby.

<sup>57</sup> See J. R. Tanner (ed.), *Private Correspondence and Miscellaneous Papers of Samuel Pepys* (London, Bell & Sons, 1926), ii, 265.

<sup>58</sup> See e.g. case of Mary & Lewis Powell, *GLRO MS SM.42*, 27 Feb. 1673.

<sup>59</sup> Buckingham described how 'ye poore man Brimer' was the bearer of his letter and 'brings ye Bond' for the admission of (his wife?) Elizabeth Brimer, of Reading, Berks., to Bethlem, 'according to devotion'; hoped that there would be sufficient time to have her entered the following Saturday (patients standardly being examined a week prior to their admission), & that he would be able in a fortnight to tell Rawlinson in person 'how kindly I take this favour'. Elizabeth Brimer was admitted on the very same day, on Rawlinson's warrant & was discharged 2 years & 5 months later. See *Bod. MS. D863*, fol. 106 & also, fols 70, 74-5, 91 & 102; *BAR*, fol. 131.

<sup>60</sup> *Ibid.*, 24 May 1654, fol. 658.

<sup>61</sup> See Bowen, *Historical Account*, 13n; Hooke, *Diary* (eds), Robinson & Adams, 18 March 1675.



Fielding, were sharply criticising the bureaucracy, favour and host of conditions, controlling, and inhibiting, the admission of the sick and insane poor to hospitals like St. Luke's and Bethlem, by mid-century<sup>62</sup>. Indeed, admission to Bethlem was by no means automatic, requiring, not only the nomination of one or more governors, but also 'expedition' for the officials and hospital officers who administered such admissions, from JPs and the Bethlem Treasurer and Clerk, down to the Steward and underservants of Bethlem<sup>63</sup>. This was partially, of course, the old and familiar story of institutional corruption, yet it was also, as the parish officers of St. Botolph Bishopsgate put it, a matter of expenses 'makeing friends to get [a patient]...into Bethlem'<sup>64</sup>. With 320 'incurable' patients on the waiting list during 1769-76, little more than  $\frac{1}{4}$  of whom obtained admission; and with almost  $\frac{2}{3}$  of those admitted forced to wait between five and nine years for their admissions (see Tables 6g and 6h), patients were effectively competing for places at Bethlem. By the 1780s, according to Thomas Bowen, there were on average 200 patients every year on the waiting list<sup>65</sup>. Although, by the second half of the century, patients were being admitted at both Bethlem and St. Luke's according to strict rotation from their waiting lists, patients were occasionally permitted to jump the queue at Bethlem on special recommendations. At other hospitals, like Guy's, where vacancies were even fewer and further between, the families and friends of the insane could be forced to go to remarkable lengths to obtain their admission, particularly if residing at great distance from London<sup>66</sup>.

This factor of privilege was severely circumscribed, however. While agreeing to lodge Robert/Edward Phillips temporarily in the Steward's house in 1641, after a letter on his behalf from Sir Benjamin Rudyerd to the President, the Governors tetchily remarked that Phillips 'is not any thinge to the D[o]c[t]or for his advice & if there had bene convenient roome in the

<sup>62</sup> CGJ, Nos 44 & 45, 3 & 6 June 1752, 250-51 & 251-5, & accompanying notes. Fielding clearly had the superior management & stewardship of the Foundling Hospital in mind, of which he was a governor & great patron.

<sup>63</sup> See e.g. *Ghall MSS 6552/2*, 25 June 1701; *6552/3*, 21 June & 8 Sept. 1712; cases of Anne Collingwood, Thomas Page, Elizabeth Masters, of St. Bride.

<sup>64</sup> *Gldhall MS 4525/30*, fol. 138, case of Elizabeth Gray.

<sup>65</sup> Bowen, *Historical Account*, 7.

<sup>66</sup> John Morley, for example, a Warwickshire clergyman, prevailed in obtaining a place for his 'poor sister' in Guy's, at the beginning of the nineteenth century, only after years of waiting, having noticed in the press that a patient had died there and riding the very next day to a better connected clergyman he knew in order to initiate an application. See *Warwickshire County Record Office MS. CR 2486 & Mic 142*, *Diary of John Morley*, 2 Nov. 1797, 30 May & 10 June 1800, 2 & 10 Feb. 1801, & 17 Feb. 1813. I am very grateful to Jan Fergus for providing me with this information.

howse...[he] should have bene taken in there'<sup>67</sup>. Similarly, while the Governors were 'pleased to accept' to receive Christopher Lee, 'free of the Clothworkers [Company]', into Bethlem at a weekly fee of only 2/, in 1668, 'out of Respect to his honour' the Earl of Manchester, they made a point of acquainting the Earl 'that Christopher had more favour then most of the Lunatikes' there, that the hospital's revenues were 'not sufficient' to defray  $\frac{1}{4}$  of its expenses and that 'neither is 2/ a weeke a fourth parte of the [real] Charge'<sup>68</sup>. Patients admitted on favourable terms were sometimes restricted to a shorter stay in the hospital<sup>69</sup>. Moreover, the privilege was less the patient's, than it was the nominating body or individual, and recommendations were often more concerned with getting rid of a bothersome or dangerous presence, than they were with the cure or welfare of the afflicted. While a group of earls sued successfully for the admission of the Charterhouse pensioner, Tobias Hume, for example, in 1642, their avowed concern was merely to nullify the 'dainger' in him 'goeing abroad of doeing hurt by pressinge uppon severall ho[nour]able Parsonages and others and useinge disorderly blasphemous and distemp[er]ed behavio[ur] both in words & Acc[i]ons'<sup>70</sup>.

#### Settlement: where did patients come from?

Bethlem was predominantly a local institution, serving London and Middlesex, and their environs. While only 47% of cases mentioned in the Court of Governors Minutes during 1640-80 are recorded as having their settlements in London and Middlesex, in only 63% of cases mentioned are patients' settlements recorded, meaning that 74% of cases whose settlement is known during this period came from London or Middlesex. In addition, in 12% of all cases, while patients' settlements are unknown, the settlements of relations/friends are given, and 79% of these relations had settlements in London or Middlesex. Patients with settlements in the home counties (defined, here, as, Berks, Bucks, Essex, Herts, Kent and Surrey) comprised a further 12% of all cases, or 19% of all cases in which settlement is known. Only 4% of all cases (or 7% of known cases) had their settlements in regions beyond the home counties. Figs 6b & 6c, where patients'

<sup>67</sup> *Ibid*, 2 June 1641 & 28 May 1644, fols 336 & 114. Rudyerd (1572-1658), was a moderate royalist politician & Surveyor of the Court of Wards from 1618-47.

<sup>68</sup> *Ibid*, 5 Feb. & 20 March 1668, fols 82-4.

<sup>69</sup> Burrows was ordered permitted to remain for only 3 months at most, & Phillips for only 6 months. In making the qualification where Phillips was concerned, 'in case he bee not cured', the Governors were plainly thinking in utilitarian terms, keen not to waste money on unresponsive patients. Yet Phillips was still in Bethlem 3 years later.

<sup>70</sup> *Ibid*, 27 May 1642, fol. 385.

and relations' settlements in this period are graphed, shows, more vividly, how biased the old hospital's catchment area was towards the metropolitan area.

There was a great deal militating against the admission of patients from the provinces. Higher rates tended to be set for such patients during the seventeenth century<sup>71</sup>. Logistical difficulties and expenses, particularly those involved in transporting, and communicating with, an insane individual over a great distance, were also a discouragement. While messengers might be sent from the hospital to local parishes and families to inform them of a vacancy (or, indeed, the death/imminent discharge of a patient)<sup>72</sup>, this was much more difficult in the case of those living far away. Increasingly stringent admission procedures, which by the eighteenth century required that patients be viewed a week prior to their admissions, might, likewise, deter country parishes and families, from conveying an insane member to the capital, merely on the hope of his acceptance. Then, of course, there was the necessity of finding two sufficient securities<sup>73</sup>, resident within the city, or 20 miles of it, to become bound for the patient, and of procuring some sort of recommendation from the ranks of the hospital's governors, no mean task for strangers to the city.

With 37% of patients' settlements unknown, however, it is questionable how reliable figures gathered from the Court Minutes of the old hospital (admission registers not being extant until 1683) can be as a guide to the composition of its patient population. If patients' settlements were at some distance from the capital, they were clearly much less likely to be recorded; not only because patients' own contacts with their homes were inevitably more tenuous; but also because the hospital's opportunities for gathering knowledge about such patients, either by instructing staff to enquire about town, or through the local contacts of governors, were proportionately reduced. Undoubtedly, the provincial insane were better represented at Bethlem than this survey suggests.

A better impression of the composition and range of Bethlem's catchment area is afforded

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<sup>71</sup> Those cases for whom the highest weekly fees of between 6 & 8/ were charged were almost invariably from outside London. See e.g. cases of John Theobald, of Kent, whose family was charged 7/ p/w; Grace Waight of Essex, whose parish was charged 6/ p/w; Katherine Bodman of Bedford, whose friends were charged 6/ p/w; May Flower of Wiltshire, whose churchwardens were charged 8/ p/w, & Nicholas Bromfield, of Kent, whose father was charged 8/ p/w; *BCGM*, 21 April 1648, 25 Oct. 1654, 21 Oct. 1657, 30 April 1658 & 30 June 1671, fols 344, 679, 831, 866 & 315.

<sup>72</sup> See e.g. *Ghall MSS 2968/7*, 22 June 1710; *4525/10*, fol. 153, 2 & 3 Nov. 1688; *4525/18*, fol. 124, 24 Nov. 1697, & *4525/23*, fols 135-6, 11 March 1703; cases of Elizabeth Pearson of St. Dunstan in the West, & Abraham Byard, Elizabeth Teare & Elizabeth Gibson, of St. Botolph Bishopsgate.

<sup>73</sup> Securities were required to be worth at least £40 each, initially, but, by the latter seventeenth century, this requirement had been raised to at least £100.

in Figs 6d & 6e, which graph the settlements of 1858 patients and their friends during 1694-1718, as compiled from the hospital's admission registers and parish records, for which period in only c9% of all cases was a settlement not established. While the majority (between 52 and 54% of both male and female cases) still hail, as should be expected, from London and Middlesex, a rather more impressive proportion (between 23 and 25% of males and females) have settlements in the home counties, while a significant number (c16% of men and 12% of women) have settlements in the outlying counties. With the spectacular expansion of the hospital after 1677, there seems little doubt that its catchment area was also widening. Indeed, Bethlem was plainly, henceforth, to function in a more profound (if still limited way), as a national institution for the insane, with a national notoriety and a catchment area that spanned from Cornwall to Yorkshire. Given the extent of its monopoly, as the only specialist hospital for the insane existing in England until the mid-eighteenth century (excluding the minuscule numbers admitted at Bethel and Guy's), and the amplifying of its reputation via popular literature and public visiting, it is easy to explain how Bethlem attracted clients from far afield. Patients with provincial settlements were even better represented on the incurables wards at Bethlem, where they comprised the majority of those admitted in the eighteenth century. Out of 805 patients admitted as incurable during 1728-88 whose settlements (or institutions) are known (see Table 6i), 460 (i.e. over 57%) had settlements (or institutions) outside London and Middlesex, and 207 (i.e. over 25%) had settlements more than 100km outside<sup>74</sup>. The evidence suggests that Bethlem was considered a more convenient and economical investment, by provincial obligors, for the care of the 'dangerous', chronic insane, than for the transient and rapid turnover of acute cases. Besides the preference of provincials themselves, however, the hospital's own rigid admissions policy, by which patients discharged incurable or 'incurable and fit' (i.e. 'dangerous to others or themselves') were readmitted to the next vacancy according to a strict order of rotation, helps to explain why provincial patients comprised a more equal proportion of incurable than curable patients. Once money had been spent to convey a patient to Bethlem, or another metropolitan institution, provincial parish officers or relations were ordinarily only too prepared to continue to provide, should the patient be declared incurable and a vacancy be available. The large numbers of incurables with settlements as far afield as Southampton (17), Gloucester (19), Lincolnshire (19), Somerset (14) and Yorkshire (24), is particularly striking.

One should not draw too rigid a correlation between patients' settlements and the hospital's catchment area, however. The numerous patients catered for at Bethlem with provincial

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<sup>74</sup> 68 cases (i.e. over 8% of those known) had settlements more than 200km from the metropolitan area. In only 6 cases (i.e. less than 1%) was an incurable's settlement unrecorded/unknown. 39 cases (i.e. c5% of those known), were sent to Bethlem from another institution/board.

settlements says as much about the mobility of the poorer classes, and the great attraction of the metropolis to migrant workers, vagrants and the unemployed, as it does about the unique and far-ranging draw of Bethlem as a national institution for the poor insane. A large, but almost incalculable, proportion of patients with provincial settlements, had clearly been living, if not working, in the metropolis. Only a minority could have actually been sent to London from outlying areas by their parishes and friends, and may be identified as signifying an independent choice by provincials to utilise the specialist provision offered by Bethlem. It would be erroneous to conclude, however, that the numbers of provincial patients in Bethlem do not give some indication of the far-flung popularity of the hospital. Historians who have examined the treatment of the sick and mentally disabled poor within the framework of the old poor law, have quite rightly emphasised the tremendous expense of provision for the mentally disabled, particularly for those country parishes utilising the hospitals and private madhouses of the metropolis. They have also indicated, however, how prepared provincial parish officers were to afford the extra expenses necessary to transport, admit and maintain, insane individuals at Bethlem, or another specialist institution<sup>75</sup>. By the eighteenth century, this would standardly involve, not only paying parishioners to travel with the prospective patient, to tend to her needs and restrain her from escaping; and expenses nourishing and possibly lodging the entire party while on the road, or while applying for the admission to Bethlem; but, would also involve paying the waggoner for journeys, to and from London (in accordance with the hospital's requirement that applicants be examined a week prior to their admission). Joan Lane has described how, although Warwickshire had at least 18 madhouses, insane parishioners were still sent to London establishments, and how over £10 was spent in 1790 on transporting and admitting just one such woman patient into Bethlem<sup>76</sup>.

While Elizabethan statutes required that individuals who became chargeable should be returned to their places of settlement to be provided for, the mobility of the poor, the occasional uncertainty of parish boundaries, and the unwillingness of many individuals and parishes to foot their bills, meant that this was by no means always an easy matter to establish for authorities.

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<sup>75</sup> See e.g., A. Fessler, 'The management of lunacy in seventeenth century England. An investigation of Quarter Session Records', *Proceedings of the Royal Society of Medicine* (1959), vol. 49, 901-7; E. G. Thomas, 'The old poor law and medicine', *Med. Hist.*, (1980), vol. 24, 1-19, esp. 6-8; Peter Rushton, 'Lunatics and idiots: mental disability, the community, and the poor law in north east England, 1600-1800', *Med. Hist.*, (1988), vol. 32, 34-50; Joan Lane, 'Disease, death and the labouring poor, 1750-1834: the provision of parish medical services in Warwickshire under the Old Poor Law' (1980), unpublished paper, esp. 17; *idem*, 'The provincial medical practitioner and his services to the poor, 1750-1800', *Bull. Soc. soc. Hist. Med.* (1981), vol. 28, 10-14; Hilary Marland, *Medicine and society in Wakefield and Huddersfield* (Cambridge, CUP, 1987), 64.

<sup>76</sup> Lane, 'Disease, death & the labouring poor', 17, case of M. Rowney.

Prior to 1662, a year's residence had been required to establish a settlement, but following the Act of that year only 40 days was needed<sup>77</sup>. Although allowing for the greater mobility of paupers, this also encouraged their removal and more frequent and prolonged disputes over their settlements. The 1662 form of certificates, which carried the enabling clause 'to save the parish harmless', licensed parish officers to remove the bearer forthwith, 'if likely to become chargeable', and parish records show that the insane were commonly shunted on removal orders from one parish to another in an effort to pass the buck of the burden. The 1697 Act ruled that a certificate holder could not be removed *until* he became a charge on the poor rate. Many patients were admitted to Bethlem a matter of weeks or months after they had been passed from another parish, indicating how vulnerable to committal were those individuals whose ties with their families or localities had been loosened or severed<sup>78</sup>. Cases like that of Mary Taylor, reclaimed from Bridewell by her husband, having 'gott Away out of his house by the neglect of his Servants', been 'taken in the streete' and committed as 'A Lunatike', and on Joseph having attended the Court 'desireing to have her home'; and Alice Williams, arrested by the watch and committed to Bridewell for 'wandring' in a 'distracted' condition, who was discharged on 'her Sister promising 'to keepe her from wandring' in future<sup>79</sup>; suggest how important the representatives (particularly, the family and friends) of the insane might be in keeping them at home, or interceding with authorities, to prevent their committal. Many individuals were only admitted to Bethlem once the relative who had been looking after them had died, suffered material loss, or simply lost patience<sup>80</sup>. Indeed, this suggests that, far from the privileged, those sent to Bethlem were more likely to be the under-represented of society; vagrants (or

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<sup>77</sup> For this and the ensuing discussion, see esp. A. L. Beier, *Masterless Men*; Geoffrey Taylor, *The Problem of Poverty*.

<sup>78</sup> See e.g. cases of Thomas Slannard, passed 2 weeks before his admission to Bethlem in 1719; Judith Rayner, passed 10 weeks before her admission in 1725, & John Whetstone, passed a month prior to his admission in 1756; *Ghall MSS 4215/1*, 1719-20 & 22 March 1725-29; *11280/1*, vouchers dated 8 May & 24 Nov. 1725; *11280/4*, voucher dated 8 July 1757; *11280A/5*, pass warrants dated 23 July 1719, 3 March 1724/5; *4220/1*, 8 Aug. 1719.

<sup>79</sup> *BCGM*, 20 Jan. 1669 & 5 Jan. 1672, fols 123 & 367.

<sup>80</sup> E.g. Henry Pawlett, son of Charles, a 'Gentleman' of Southampton, ordered admitted in 1669 'being lunatike & daingerous to goe abroad', with only his mother 'of meane Estate' to provide for him; was not, in fact, admitted until 1672, following the death of his mother. Pawlett's subsequent obligor attempted to buy the hospital off in 1682 with £60 to keep him for life, or until he recovered. The Governors asked for £100 instead however, recognising that Pawlett was 'young [&] healthfull' & liable to 'live to be a greate charge'. Pawlett was, indeed, to survive in Bethlem for another 15 years, when he inherited a 'considerable Estate' and his custody was determined by the Lord Chancellor. *ibid*, 25 Aug. 1669, 7 Feb. 1672, 29 July 1674, 26 May & 16 June 1682, 6 May 1697, fols 155, 371, 23, 303, 308 & 183.

persons without settlements), migrants, widows, orphans, the unmarried, the childless and the deserted, with little support to call upon from their neighbourhoods and families. Like the hospital's governors, parish officers too might exhort, demand or pay relatives, friends or local nurses/practitioners/attendants, to 'keep' the insane 'from running about the streetes'<sup>81</sup>.

The manifold difficulties of authorities substantiating, and enforcing the obligations of, settlements were particularly enhanced when dealing with the insane. This was not merely a result of the burdensome nature of providing for them, which made contemporaries resistant to their obligations. There was also the tendency of the insane themselves to wandering and vagrancy, so that they were frequently (especially, in the seventeenth century) committed to Bethlem without anyone who might identify them, while they often refused to, or were (deemed) incapable of, providing the Governors and staff of Bethlem with reliable information themselves<sup>82</sup>. Thus, during the seventeenth century, lunatics were often admitted to Bethlem as a temporary measure, until it could be discovered where they were 'borne or last lawfully settled', as in David Lewis's case, '[it] beinge unknowne where hee came' and the patient unable to 'declare where hee was borne or last settled'<sup>83</sup>. Susan(ne) Wallis was supported for nine years at Bethlem (1663-72), gratis, with yearly supplies of clothing, having been apprehended 'in the Streete lying under stalls' in the parish of St. Giles Cripplegate<sup>84</sup>. Despite considerable efforts on the hospital's part to establish her legal settlement<sup>85</sup>, no settlement was recorded for her until she had been certified 'well recovered and fitt to be discharged', implying that the truth had only emerged, or been believed, once Wallis was restored to sanity and able (or deemed able) to communicate it. That she was, in fact, born at Rowell, Northampton, exemplifies how unreliable settlements are as indices of the hospital's catchment area.

The case of Susan Wallis's also illustrates how extensive the responsibility taken for the poor

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<sup>81</sup> See e.g. case of Kate Harper of St. Bride; *Ghall MS 6552/2*, 26 March 1696.

<sup>82</sup> See e.g. case of Pierce Bonest, admitted to Bethlem on 27 Aug. 1692, as 'a Person refusing to tell his name', although clearly it was discovered sometime before or subsequent to his death there on 14 July 1693., & of 'a poor unhappy Woman' brought before the Court of Aldermen in 1742 and sent to Bethlem 'to be taken Care of', who 'would not or could not tell her name'. See *BAR, & GLRO CA. Rep. 146*, 13 July 1742, fol. 309.

<sup>83</sup> *BCGM*, 10 June 1653, fol. 617.

<sup>84</sup> For Wallis, alias Wells, see *ibid.*, 6 May, 4 & 25 Nov. 1663, 16 Dec. 1664, 28 Sept. 1666, 11 Sept. 1667, 25 Nov. 1668, 22 Oct. 1669, 3 Nov. 1670, 7 Sept. 1671, 10 Oct. 1672, fols 45, 47, 76, 79, 125, 9, 60, 117, 171, 240, 338 & 449; & *GLRO LSM.41*, 14 Oct. 1672.

<sup>85</sup> By instructing the Steward to make enquiries about town, summoning 2 sets of churchwardens to the Court of Governors and trying to force one of them to become bound.

insane could be. The Bethlem Board not only arranged and paid for Wallis to be sent home by a carrier or waggoner, and provided her with money for travelling expenses, but were obliged, in addition, to obtain an order from the Sessions permitting her discharge. This order, once obtained, even required the overseers of the poor at Rowell to dispose of Wallis 'in some honest imployment for her future livelyhood and preservation from Lunacye hereafter', combining a coercive stress on the work ethic, with a far-sighted regard to Wallis's future physical and mental well-being. Indeed, Bethlem may be viewed as an adjunct of contemporary poor relief, or rather part of a larger network of authorities, collaborating with striking consensus and cooperation to enforce obligations towards the poor sick and insane. While parishes, and able families, were bound by law to provide for their sick and lunatic members, Bethlem often operated to remind them of their obligations, both present and future. Bonds also specified the responsibility of obligors to collect and provide for a patient once discharged, and those who failed to honour such bonds, were liable to be sued and indicted before Sessions or some other court. The standard format of Sessions' orders requiring particular parties to provide often threatened (as in Wallis's case) that those concerned 'will Answere the contrary thereof att their perills'.

Similar difficulties over settlements, and the hospital's preparedness, in the seventeenth century to admit vagrant and other patients without certificates, or other proof, of settlement, meant that much of the proceedings of the Court of Governors was taken up with disputes over settlements, maintenance fees and arrears. Such disputes were also the major preoccupation of the dealings of courts of Sessions with the insane. Despite the compulsions of the law, and the persuasions of the hospital itself, disputes were often long and drawn out affairs, liable to delay the discharge of a recovered patient. More easily than parishes, relatives might escape obligations, both pending and entered into, towards the insane, either by their incapacity, or by flight, or by proving the existence of other, closer kin. Yet the hospital was generally determined and successful in compelling obligors to meet their responsibilities. As only the brother-in-law of Elizabeth Hazeler, Matthew Heydon, for example, was not legally bound to support her in Bethlem, yet once entered into a bond for the patient, Heydon found it very difficult to free himself from the obligation<sup>86</sup>. Despite having tried desperately during 1667-8 to do so; and despite his position as servant to an alderman, Sir Dennis Gawden, enabling the case to be settled before the lawsuit had progressed very far and with some mitigation of Heydon's arrears; he was still forced to fulfil  $\frac{5}{6}$  of his debt. It is clear, however, who was the real loser, for, having been certified as 'fitt to be discharged', Hazeler was forced to linger another two months in Bethlem, before recourse to Sessions compelled the parish where she had formerly worked as

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<sup>86</sup> For Hazeler's case, see *BCGM*, 25 Jan., 29 March, 28 Aug. & 16 Oct. 1667, 5 Feb., 20 May & 3 June 1668, fols 30, 38, 59, 62, 66, 82, 94 & 96; *GLRO LSM.23*, 8 Nov. 1667; *LSM.24*, 11 Dec. 1667.



a hired servant to provide. This was not before, however, her churchwardens had also refused, been bound by recognizances to Sessions and threatened with indictment; demonstrating both the power of the law at the hospital's disposal compelling long-term provision for the insane, and also how opposed some parishes and individuals might be to undertaking the burden. Indeed, the burden must have appeared especially discouraging in Hazeler's case, she not only having been lunatic, but being now described as an 'impotent Lame decrepit and blinde woeman'. Sessions might additionally, as it did in Hazeler's case, empower parishes claiming insufficient funds to provide for the insane within or outside Bethlem, to raise an emergency tax on all propertied inhabitants and to get the tax authorized by any two JPs, or the Lord Mayor<sup>87</sup>,

By the eighteenth century, patients were very rarely being admitted without details of settlement being provided and a bond being sealed. In 1752, upon the motion of the physician-governor, Dr. Richard Rawlinson, this was made official, the Court directing that no applicant for admission was to be entered on 'the List...of patients to be viewed untill a Petition and a proper Certificate of the last legal Settlement be laid before the Committee'<sup>88</sup>. Exceptions were made only rarely, in the case of the odd foreign patient, or the occasional peripatetic, who had 'never Lived...in any Part of England so long as to gain a Settlement', for all of whom an additional £100 was required to be pledged for the security bond<sup>89</sup>.

#### **'Admitting and Keeping the poore Lunatikes'**

How else, then, did the hospital decide which patients were, or were not, 'fitt obiects of Charity'? Examination of patients on admission was by no means a formal requirement at Bethlem prior to the mid-seventeenth century. Early seventeenth century literature (*vide The Changeling, The Honest Whore*, e.g.) alludes to, and pokes fun at the primitiveness of, cognitive and memory tests conducted by the keeper/physician and servants of madhouses on prospective patients. While there is no reference to such a practice in the Bethlem archives, the kind of attendance given by early keepers and the lack of available medical expertise, does suggest that examinations (such as there were), were indeed far from thorough and often left to servants.

The discovery and discharge of patients erroneously admitted was frequently the belated outcome of the casual system of visitation conducted by the Governors (although, occasionally,

<sup>87</sup> See, also, e.g. *Ghall LSM 32*, 13 April & 29 June 1670; *BCGM*, 25 Feb., 14 July, 4 Aug. & 12 Dec. 1670, fols 187, 219, 221 & 254; case of Mary White of St. Leonards Foster Lane.

<sup>88</sup> *BCGM*, 17 July 1752, fol. 69.

<sup>89</sup> See e.g. cases of Ann Arthur, formerly a prisoner in France; Elizabeth Slous, 'a Native of...Jersey'; Thomas Hayly, 'a Native of Ireland'; & James James, an Edinburgh born pedlar; in *BCGM*, 22 Dec. 1757, 7 Jan. 1762, 24 April 1765 & 26 April 1781, fols 272, 4, 128 & 9.

acting on reports from persons unnamed, but probably servants, visitors or individual governors themselves). Governors generally visited patients almost by the way, on occasions when they came to Bishopsgate in connection with property owned by the hospital. While 'viewers' were annually elected out of their ranks, forming, by the 1630s, the 'Committee for building and reparacions', which was responsible for most matters that required amendment on the sites of both hospitals, committees of governors were summoned in an ad hoc fashion, to deal with problems as they were reported<sup>90</sup>. For much of the seventeenth century, Bethlem suffered as the poorer partner of Bridewell, much removed from the attention of governors who had only assumed its custody in 1557 and whose courts and major business continued to be conducted at, and concerned primarily with, Bridewell. While, of necessity, the Governors became more vigilant over affairs at Bethlem, after the dismissal of Crooke and during the troublesome Stewardship of Langley, it was only temporarily, when overseers of provisions were appointed, that a regular requirement to visit the hospital obtained. It was one of these overseers, in 1638, who discovered a number of patients 'recov[er]ed of theire Lunacy', and delivered 'a noate' of their names to the Court<sup>91</sup>. Although 'some of the Governo[rs]' were 'intreated', 'from time...to oversee the carriage of business', or 'to goe [there] as often as they can', and governors who lived nearby the hospital might 'especially' be encouraged to attend more regularly, clearly months often passed before patients themselves were actually inspected by members of the Board<sup>92</sup>.

Until the 1630s, the Governors had been happy to leave affairs at Bethlem largely to the care of the Keeper, and Allderidge has graphically illustrated the evidence of neglect and indiscriminate reception of patients that greeted the Governors on some of their rare visits to the hospital in the period 1547-1633<sup>93</sup>. The discovery on one such visit, in 1624, of eleven patients 'not fitt to bee kepte'; three of whom were variously described as merely 'Idiot', 'simple' or 'something idle headed' and were to be removed; three of whom were suffering only from 'physical' ailments and were sent 'to some other hospital'; and six of whom were either sufficiently recovered, or for whom no payment was being received, and were to be returned from whence they came<sup>94</sup>;

<sup>90</sup> For this discussion, see *BCGM*, esp. 20 Feb. 1600, 31 July, & 7 & 21 Aug., 1629, 16 April & 28 May 1630, 18 Feb. 1631, 12 March & 13 July 1632, 15 March 1633, 21 June & 16 Aug. 1637, fols 144, 137-40, 183, 188, 217, 270, 289, 320, 125-7 & 134; chap. 5, *supra*, & Allderidge, 'Management and mismanagement'.

<sup>91</sup> *BCGM*, 22 Aug. 1638, fol. 193.

<sup>92</sup> *Ibid*, e.g. 3 Dec. 1641, 16 May 1655, fols 359 & 702.

<sup>93</sup> Allderidge, 'Management & mismanagement'.

<sup>94</sup> *Ibid*, 152-3; *BCGM*, 1624, fol. 368.

is indicative of the extent of this negligence, but is also demonstrative of four basic criteria of exclusion which one may see operating at Bethlem with progressive force for the duration of the period. The harbouring of 'idiots' and others defined as 'noe Lunatike' at the hospital was a particular concern for its governors, and while the odd 'simple fellowe' might 'bee kept' because useful to the staff, the Governors were keen that the majority should be expelled to make room for the curable insane. In 1629 the Court directed the discharge of a further three patients found 'onely...idiote' and twenty years later was ordering another 'view' of Bethlem to determine 'what people...are fitt to be discharged itt being reported that many of them are rathe[r] Idiotte then Lunatiques'<sup>95</sup>. While the problem was evidently not as severe, in 1649, as the Governors had been informed, only two patients being ordered discharged as a result of this inspection and neither deemed an idiot, clearly the Board was neither efficient, nor consistent, in maintaining this distinction. A third patient declared to be 'more Ideot than Lunatique' seems to have been retained at the hospital because regularly provided for by his parish<sup>96</sup>.

That the hospital was so early attempting to differentiate in this way and that difficulties were being encountered should be no surprise to historians. As Richard Neugebauer has shown, a legal distinction had long been established between idiocy and lunacy, as congenital and post-natal mental disability, yet the distinction was often, and easily, collapsed; whether for purposes of exploitation by the Crown, to procure the profits of estates, or via common generic usage of the terms, both in popular literature and in spoken language, where they were apt to blend synonymously to encapsulate a wide range of mental disorder<sup>97</sup>. Seventeenth and eighteenth century parish records also register this same flux, in the use of terms like 'natural', 'fool', 'crack-brained', despite efforts to maintain a practical, working distinction<sup>98</sup>. The regular

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<sup>95</sup> *BCGM*, 31 July 1629, fol. 137.

<sup>96</sup> *Ibid.*, 23 Nov. 1649, fol. 408.

<sup>97</sup> Neugebauer cites the 1557 'Exposition of the Terms of the English Law', where an 'ideott' is defined as: 'he that is a fool from birth and knows not how to account or number 20 pence nor cannot name his father or mother nor of what age himself is, or such like easy and common matters; so it appears that he has no manner of understanding or reason, nor government of himself, what is for profit or disprofit'. While a quite elaborate definition, given the commonly held beliefs that lunatics too had no memory; were prone to wasting their estates, etc, this definition seems designed to confuse. See Richard Neugebauer, 'Mental illness and government policy in sixteenth and seventeenth century England' (New York, Columbia University PhD, 1976); *idem*, 'Treatment of the mentally ill in medieval & early modern England', *Journal of the History of the Behavioural Sciences*, 14 (1978), 158-69; *idem*, 'Medieval & early modern theories of mental illness', *Archives of General Psychiatry*, 36 (1979), 477-83.

<sup>98</sup> See e.g. St. Botolph Bishopsgate cases, Elizabeth/Betty Ratcliffe; described in the churchwarden accounts as a 'Lunatick' with 3 children when passed to the parish, but subsequently as 'fooleish', & on regular poor relief

abandonment of children described as 'in a distracted Condi[i]on' emphasises how blurred were contemporary distinctions between the mad & the mentally handicapped (as well as how great a burden mentally disabled children were often regarded as), although the term 'distracted' was frequently employed simply to describe extreme states of distress<sup>99</sup>. The admission of considerable, although incalculable, numbers of adolescents to Bethlem, and individual cases, like William Bailey, described as 'a poore Lunatike boy aged about Thirteene yeares...Sonne of James...& Hester...being now here in a very deplorable & miserable Condi[i]on distracted', may also imply a substantial degree of confusion in attempts to evaluate mental disability<sup>100</sup>. Rarely, however, do the Governors' Minutes provide enough information for the historian to hazard any better diagnosis, and it would be foolish to underestimate the wide range of mental disorders to which early modern children were subject or the ability both of the lay populace and of the authorities to distinguish. Michael Macdonald and others have vividly illustrated how liable, within the rigidly maintained, patriarchal, hierarchies of early modern family units, was the violence and disobedience of children (whether threatened or real) to be conceived as marks of insanity, and how meaningful was the language used by contemporaries to distinguish between various states of mental disorder and idiocy<sup>101</sup>. Indeed, despite considerable flux in the terms employed to describe the mentally disabled in contemporary parish records, on the whole these sources would tend to substantiate Macdonald's argument that contemporaries, whether local astrological physicians, parish officers or ordinary parishioners, knew what they meant. The vast majority of those parishioners described in churchwardens and overseers accounts as 'foolish', 'idle headed', 'simple', 'idiot', were clearly regarded and responded to in ways often quite distinct from those described as 'lunatic', 'distracted' 'raving' 'maniac'. While the former were generally conceived as relatively harmless, and might be, and were, lodged and contained with their own families, parish nurses and via other forms of outdoor relief normally provided

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from 1691-98 (at least); & Mary Lole; evidently regarded as a 'lunatic', but once recorded as 'fooleish'; *Gldhall MSS 4525/13*, fols 61 & 75; *4525/14*, fols 55, 65, 72, 81, 88-107; *4525/15*, fols 52-101; *4525/16*, fols 59 & 61; *4525/19*, fols 84, 87, 90 & 102.

<sup>99</sup> See e.g. cases of Nicholas Glover, arrested & committed to Bridewell in 1676 'for being a com[m]on Disturber of his Neighbo[urs] & for putting a Child in a distracted Condi[i]on & makeing an uprore in the streete'; & the wife of Richard Gale, 'distracted by [the]...infamous Reportes' of a William Smyth that she had slept with him, Smyth being 'charged' as a consequence by her husband with 'makeing a greate difference betweene [them]'. *BCGM*, 17 Dec. 1675 & 3 March 1676, fols 201 & 224.

<sup>100</sup> *Ibid.*, 4 Sept. 1674, fol. 33.

<sup>101</sup> See Macdonald, 'Popular beliefs about mental disorder', in Eckhart & Geyer-Kordesch (eds), *Münstersche; idem, Mystical Bedlam; Stone, The Family, Sex & Marriage*.

for the sick; often only emerging as a problem for the parish on the death of a supporting family member, the latter tended to encounter severer action<sup>102</sup>. They were much more liable to restraint; to removal from their families; to have attendants hired to control them and prevent their escape; and to confinement within a secure building, or with a local specialist. It was rarely the 'foolish', but commonly the 'lunatic', who were sent to Bethlem by their families and parishes, although the 'foolish' do appear to have been incarcerated in increasing (if still small) numbers in the workhouses and private madhouses, which began to proliferate during the course of the eighteenth century.

What methods were employed by the Governors and medical officers of Bethlem to determine whether an individual was mad or idiotic can only be surmised. Interrogation, as recommended by contemporaries like the royal chaplain, Thomas Fuller (1642), was the accepted way to betray both the fool and the madman, although physiognomic differences might also be emphasised. It was the ability of the insane to experience 'lucid intervals' or temporary remissions which provided the most consistent grounds for differentiation, however, so that emphasis tended to be placed on the history of the individual's disability. A definitive theoretical distinction was not truly established until Locke's 1690 formulation of false perception, but capacity for deduction; as against true perception, but inability to deduce. It is unlikely, however, that this influenced actual practice at Bethlem<sup>103</sup>. When they appear in the Minutes of the Bethlem Sub-Committee and in the hospital's admission registers, 'idiots' are invariably rejected or discharged, and the paucity of the instances of such cases at the eighteenth century hospital is indicative of a quite rigidly imposed policy of exclusion, as also of the acceptance and exercising of greater discrimination by the families and parishes who proposed patients for admission<sup>104</sup>. While John Haslam calculated that 113 patients aged between 10 & 20 had been discharged from Bethlem during 1784-94 (only, in fact, 7% of the total discharged), the majority (or 69%) were 'discharged cured', indicating that very few could have been merely mentally

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<sup>102</sup> See e.g. *Guildhall MSS 4525/19-25*; typical cases of Mary Jessup, 'a poore fooleish Geirle', cared for by her mother Alice, until the latter's death in 1704, when the parish took over; the 'fooleish daughter' of Alice Stock, an aged & lame woman, whose death in 1701 likewise put the girl on the parish; & Mary Bright, 'a foleish Creature Troubled with sad fitts', supported by the parish until her death 1700.

<sup>103</sup> See Hunter & Macalpine, *Psychiatry*, 121, 521, 236-8, 434-6. For eighteenth century legal distinctions between idiocy and lunacy, see e.g. Nigel Walker, *Crime and Insanity in England* (Edinburgh, Edinburgh University Press, 1969), 56; Sir William Blackstone, *Commentaries on the Laws of England* (Oxford, Clarendon, 1765-9), 4 vols, i, 292-5 & iv, 20-26.

<sup>104</sup> For the discharge/rejection of idiots in the eighteenth century, see e.g. *BSCM*, 5 Oct. 1734, 5 Oct. 1751, fols 296 & 261, cases of Elizabeth Ford, Judith Hanson.

handicapped<sup>105</sup>.

It was the continued admission, not only of 'idiotts', but also of 'sottish people w[hi]ch are noe Lunatikes', to Bethlem, which provoked the Governors, in 1653, to introduce a requirement of certification to the hospital. Henceforth, 'noe Lunatike' was supposed to be 'taken into ..Bethlem...unles the Doctor...first finde & reporte such p[er]son to bee a Lunatike'<sup>106</sup>. Early modern usage of the term 'sot' was, of course, not so definitive as that of today, and while contemporaries might indeed have meant someone 'stupefied by habitual drunkenness', commonly the term was understood as equivalent to 'idiot'; as in the case of Sarah Howard of St. Dunstons in the West; who was described before Sessions as 'an Ideott and soe sottish and void of reason that shee is not able to gett her liveing'<sup>107</sup>; and applied without distinction. Even if the Governors' use of the term in 1653 was mere tautology, the dividing line between drunkenness and insanity was particularly thin during this period. Few contemporaries would have disputed Donald Lupton's contention that 'a Drunkard is madde for the present but a Madde man is drunke always'<sup>108</sup>. While it was not until the nineteenth century that alcoholism was itself recognised as a species of mental illness (e.g. of 'moral insanity' or 'monomania') or linked etiologically to specific syndromes (e.g. *delirium tremens*), contemporaries had long found its effects difficult to distinguish from the symptomatology of insanity, and excessive intake of alcohol was almost invariably included as both an imitator, and a major cause, of insanity, in the moral and medical treatises of the day<sup>109</sup>. This issue emerges only occasionally, however, as a problem, in the Governors' Minutes, with individuals brought before the Bridewell Court as 'supposed to be drunke but appeareth to be somewhat craised', but one which was important in that drunkenness was much more rarely accepted as an exculpation for offenses than lunacy,

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<sup>105</sup> See Table 6s & Haslam, *Observations on Insanity*, 112.

<sup>106</sup> *BCGM*, 16 Nov. 1653, fol. 629.

<sup>107</sup> GLRO MS LSM 44, 1 June 1674

<sup>108</sup> *London and the Countrey Carbonadoed*, ch. 19, 75.

<sup>109</sup> See Samuel Ward, *Woe to Drunkards* (London, 1622); Richard Young, *The Drunkard's Character: or, a True Drunkard with such Sinnes as Raigne in him...* (London, 1638); John Brydall, *Non Compos Mentis: or, the Law relating to Natural Fools, Mad-Folks, and Lunatic Persons* (London, 1700); George Cheyne, *Essay Of Health and Long Life*, chap. ii, 'Of Meat & Drink'; Benjamin Rush, *An Inquiry into the Effects of Ardent Spirits Upon the Human Body* (1785); Thomas Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and its Effects on the Human Body* (London, 1804), ed. Roy Porter (Tavistock Classics in the History of Psychiatry: London, Routledge, 1988); Hunter & Macalpine, *300 Years of Psychiatry*, 116-7, 264, 278, 436-7, 587-91.

and the Governors were obliged to decide whether Bridewell, Bethlem or some other course, was appropriate for an offender<sup>110</sup>. The interface between madness and intoxication was a particular conundrum for the Governors of Greenwich Hospital and the Sick and Wounded Board (who sent large numbers of sick and pensioned off sailors to Bethlem, from the latter seventeenth century), and for other authorities, who dealt with disorderly sailors, sailors' peculiar predilection for spirituous liquors being more than simply proverbial<sup>111</sup>.

The hospital's early introduction of certification and its efforts to exclude 'idiots' and 'sots', manifest, on the one hand, a positive, curative intention—made even more explicit in orders which throughout the century expressed the standard motivation behind patients' admission as 'for the recovery of her senses', or 'for his cure'—but, on the other hand, bear a negative aspect with regard to the lack of provision for the mentally handicapped elsewhere in society. Persistent demands on space at Bethlem also encouraged the Governors to restrict that space to those deemed curable, or else, to those considered 'unruly' or 'dangerous to be abroad'. With a capacity for no more than 25 patients until 1645, and only c50, thereafter, Bethlem was repeatedly full and obliged to reject or defer the admission of considerable numbers of the mentally disabled. At least eight patients were unable immediately to be admitted to Bethlem during 1638-44 for this reason, while the hospital continued to be 'very full of Lunatikes' during the 1650s, 60s and 70s, the admission of another eight being deferred while new Bethlem was being planned and built in 1674-6<sup>112</sup>.

Part of the problem in the early period was that patients were being admitted rather indiscriminately to the hospital, by a profiteering Keeper and servants, without, or with irregular, warrants. Finding 31 patients at Bethlem in 1624 and that 'the house is overchargeth and wanteth room', the Governors had asked pointedly to 'see the warr[an]ts, how they were taken in', and had ruled that patient numbers should not exceed 25 and that no warrant but one issued by them should be accepted for an admission<sup>113</sup>. While the Governors exercised much

<sup>110</sup> See e.g. cases of Sara[h] Holton, Elizabeth Clarke, Eleanor Giles; *BCGM*, 23 Aug. 1633, 2 Oct. 1644, 3 Feb. 1654, fols 341, 150, 640. As a matter of law, intoxication was merely regarded 'as an aggravation of the offense, rather than an excuse for any criminal misbehaviour'. See Blackstone, *Commentaries*, iv, 26; Hunter & Macalpine, *Psychiatry*, 434-7.

<sup>111</sup> Lack of space dictates that I reserve a fuller discussion of this area to a future publication.

<sup>112</sup> See e.g. *BCGM*, 27 June 1638, 8 Jan, 5 Feb., 24 March, 2 June, 11 Aug., 2 Sept. & 13 Oct. 1641, 29 April 1642, 24 March 1643, 30 Aug. 1644, 2 Feb. 1653, 24 May 1654, 27 July 1655, 2 March 1658, 20 March 1668, 19 Feb., 28 May & 15 Aug. 1673, 2 Jan., 20 May, 19 June & 7 Aug. 1674, 26 Feb. & 19 May 1675, 4 Feb. & 28 April 1676, fols 186, 322, 326, 330, 336, 345-6, 353, 382, 27, 144, 590, 658, 712, 113, 87, 485, 509, 553, 602, 644, 3-4, 25, 106, 130, 217 & 243.

<sup>113</sup> See Allderidge, 'Management', 158; *BCGM*, fol. 368.

greater control over admissions after Crooke's dismissal, they were required to repeat their former order again, in 1646, that 'noe Lunatique p[er]son' be admitted 'w[i]thout a Warrant from the President or Tr[easur]er'<sup>114</sup>.

There was no law requiring the detention of lunatics beyond the common law until 1714. Common law had long sanctioned the arrest, beating and confinement of the insane<sup>115</sup>, yet the lack of separate or large scale provision for the insane at Bethlem or anywhere else meant that the majority of those lunatics brought before the criminal proceedings of the Bridewell Court of Governors, Sessions and other metropolitan and provincial courts, were discharged, and passed back to their places of settlement, during the seventeenth century. They were also passed, of course, because incapable of providing sureties for their future good behaviour, as did some other merely criminal offenders brought before the Bridewell Court<sup>116</sup>. Hordes of individuals spoken of as 'crack-brayned', 'distempered in braine', 'crased', etc., appearing in the lists of offenders in the Governors' Minutes, were not only normally delivered back to their parishes, families or friends, but were also exonerated from the customary whipping meted out to others charged with the same crimes. This would confirm Allderidge's argument that, although vagrancy law did not distinguish before 1714 between the insane, or sick, and the general mass of vagrants liable for a whipping, this did not mean that the former were standardly being whipped. Indeed, in practice, quite an emphatic distinction was already being made.

Not all those for whom mental disability was pleaded as a defence before the Court of Governors escaped punishment or confinement of course. While, for example, both Thomas Stevenson and George Goodwin were 'conceived...crackbrayned', when brought before the Governors in 1638, and Goodwin's mother further testified that 'he is very weak headed & did not worke in his trade since St. James tide last', both were ordered 'to be sett at worke' at Bridewell<sup>117</sup>. It was a month after Thomas More's committal to Bridewell under orders from the Privy Council that he 'be dayly sett on worke & well whipped in case he refuse to worke', that further

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<sup>114</sup> *BCGM*, 29 May 1646, fol. 266.

<sup>115</sup> See Allderidge, 'Cycles in the care of the insane', in *Lectures on the History of Psychiatry*.

<sup>116</sup> See e.g. case of Nicholas Glover, 'past...by A Beadle' in 1676 'for want of Suretyes'; *BCGM*, 3 March 1676, fol. 224.

<sup>117</sup> *BCGM*, 21 Nov. & 20 Dec. 1638, fols 211 & 217. Stevenson, of Farrington within, had been 'taken begging' by a constable, while Goodwin, a carpenter of Puddle Wharf, had been committed by JPs, being accused by two parishioners of having 'spoken seditious words against the king and blasphemous words against God'.



'considerac[i]on had of [his]...behaviour' issued in a command for his removal to Bethlem<sup>118</sup>. Indeed, Bethlem's union with Bridewell and the diagnostic difficulties inherent in defining the mentally ill, entailed a considerable blurring of the boundaries between vice and madness; between behaviour that was deemed to require punishment or the correction of work, and that which required medical treatment. Very thin also was the line dividing idleness and those who 'refused to work', from insanity and those 'unable' or 'not fit to worke'. Patients were frequently transferred back and forth from Bridewell to Bethlem, particularly during the seventeenth century. During 1638-49 alone, at least fifteen individuals are mentioned in the Court Minutes who having been admitted to Bethlem, or been designated, or suspected to be, insane, are committed to Bridewell<sup>119</sup>. Anne Bassett was in both institutions at least twice, during 1647-55. Arrested in 1647 as 'idle' and 'disorderly', it was Bassett's having 'abused the Court' which seems to have determined her designation as 'distracted' and her committal to Bethlem. When apprehended two years later, however, by a constable in Newgate Market 'for pilfering a handkercher', she was sent to Bridewell despite being recognised as 'Crazy in her brayne'. Finally, in 1655, an Anne Bassett was one of three prisoners transferred from Bridewell to Bethlem, she having originally been arrested by another constable<sup>120</sup>. Whether or not all three episodes concern the same individual, they highlight the ambivalence in the Governors' treatment of the insane. This was not merely a result of the symbiosis in the Governors' policies towards both institutions and the lack of any formal or thorough arrangement for medical examination on the committal of patients and prisoners. It was also, in part, due to the simple shortage of space at Bethlem and the Governors' unwillingness to admit patients to Bethlem before a bond had been sealed for their maintenance. Thus, the insane were sometimes admitted to Bridewell until further enquiry might be made into their settlements<sup>121</sup>, or until a vacancy arose at Bethlem. Indeed, parish officers were often quite keen to support this expedient, rather than to take an insane individual

<sup>118</sup> *PRO PC.2/46*, fol. 426, 9 Oct. & 5 Nov. 1636.

<sup>119</sup> See *BCGM*, 22 Aug., 21 Nov. & 20 Dec. 1638, 17 Jan. & 6 May 1639, 8 Jan., 5 Feb., 31 March & 22 Sept. 1641, 14 Jan., 15 Feb., 1 July & 4 Nov. 1642, 29 Feb. & 17 April 1644, 21 Feb. 1645, 13 Feb. 1646, 13 & 27 Jan., 24 Feb., (?) May, 9 June & 10 Aug. 1649; fols 193, 211, 217, 221, 242, 322, 326, 330, 349, 365, 369, 391, 3-4, 94, 101, 177, 242, 370, 374, 376, 384, 386 & 392; cases of Widdow Davies, Henry Wayne, Thomas Stevenson, George Goodwin, Margaret Hurlestone, Grace Hawks, Joan Duning, Ellen Heatly, Anthony Drayton, William Cecill, John Blackwell, Robert Davies, Susan Newell & Anne Bassett.

<sup>120</sup> See *ibid*, 16 April 1647, 10 Aug. 1649 & 13 June 1655, fols 301, 392 & 704. The last reference may concern a different woman, for Bassett appears to belong to St. Brides parish, in 1649, whereas the Anne Basset of 1655 is arrested in Cawthorn Poultry & has a husband in Christchurch. The parishes were, however, at close proximity.

<sup>121</sup> See e.g. case of Anthony Drayton, *ibid*, 21 Feb. 1645, fol. 177.

back home. When, for example, in 1675-6, William Lane of St. Bride was arrested 'for running ab[ou]t the streetes'; found to have 'fallen distracted'; sent to Bridewell and from thence ordered returned home and to be provided for by the parish; the churchwardens went to considerable trouble and cost in appealing to the Lord Mayor and persuading the Bridewell Porter (with the help of a jar at the Bear Tavern) 'to keepe ye Madman a little longer in Bridewell till hee can bee gott into Bethlem'<sup>122</sup>, Detention in Bridewell often served itself as a method of assessing whether a prisoner were knavish or mad. Although the parishioners of Newington, in Bucks, brought an order from the Privy Council for the committal of Henry Wayne to Bethlem, in 1638, they acknowledged before the Court of Governors that 'he is more a knave than a Madman', and while the Governors agreed to set him to work at Bridewell (provided a warrant was obtained from two JPs), this was only because 'there is noe roome in Bethlem' and 'untill tryall may be made whether he be madd'<sup>123</sup>. In many cases, it was not until prisoners proved themselves not amenable or disruptive to the regime of Bridewell (or other institutions), that they were distinguished as insane and removed to Bethlem, or discharged<sup>124</sup>. The tolerance of the Court of Governors in dealing with insane individuals like Jenkin Williams, a water bearer, arrested in 1640 'for threateninge the death of divers Watermen', but, it being 'reported hee is crazed in his braines', discharged with merely a warning<sup>125</sup>, deserves considerable emphasis. Such tolerance was largely, however, the result of a lack of any comprehensive provision to deal with insane offenders. Margaret/Mary Houlstane/Hurlestone/Huddlestone, was arrested and brought to Bridewell at least four times, during 1639-44; twice 'suspected' of prostitution, once being 'drunke', and once 'wishing the Cittie on fire'; but being found, variously; 'crackbrained', 'seems distracted', 'hath beene distracted and is not well now' or 'crased/crackt in her brayne'; was 'delivered' each time, and only on one of these occasions is there evidence of her being

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<sup>122</sup> Lane was allowed to remain at Bridewell untill 'a Roome shalbe empty in...Bethlem', which indeed occurred soon after 18 Feb. 1676, & he continued there for roughly another 8 months, before fetched out of Bethlem, conveyed to 'the country' (possibly for reasons of health or banishment) & given an outfit of clothing. See *Gldhall MS6552/1*, 22 Dec. 1675-8 Nov. 1676; *BCGM*, 28 Jan., 4 Feb. & 3 March 1676, fols 214, 216 & 225. See, also, e.g. case of Rose Pace of the same parish, whose churchwardens concurrently went to similar lengths getting her continued 'at Bridewell till shee [could] bee gott into Bethlem'. *Gldhall MS 6552/1*, 28 Nov. 1672-21 April 1678, esp. entry dated 1 March 1676; *BCGM*, 3 March 1676, fol. 225.

<sup>123</sup> *Ibid*, 22 Aug. 1638.

<sup>124</sup> See e.g. cases of William Everard, deemed 'soe outrageous that hee cannot bee kept here [in Bridewell] any longer without danger', in 1651; & also of widow Davies & Abraham Barnes/Barron; *ibid*, 28 Aug. 1638, 29 Jan. 1651, 2, 9 & 23 March 1659, fols 193, 478, 484, 112-3, 116 & 120.

<sup>125</sup> *Ibid*, 24 July 1640, fol. 298.

(vainly) put to work or even being 'admonished'<sup>126</sup>. On none of these occasions, however, was there any effort by her family, parish or any other authority, to become bound for her support, while the variant spellings of her name manifest the Governors own difficulties in identifying her. 'Old customers' tended, in fact, when identified, to be dealt with rather more severely by the Board. Bridewell committals were often delivered as 'never here before', or retained for correction if the contrary were the case. Likewise, recidivist lunatics might receive harsher treatment. On returning patients to their places of settlement or summoning obligors to collect them, the hospital occasionally gave advice and admonitions in the event of future 'trouble' from patients which carried punitive overtones. Elizabeth Deane of St. Mary Somerset/St. Mildred Bread Street, having been in Bethlem and before the Bridewell Court on a number of occasions, was discharged in 1667 with the warning that 'if she be troublesome hereafter she may disposed of as the [J.P.]...shall thinke fitt'<sup>127</sup>. Patients deemed 'fitt to bee discharged' from Bethlem and 'not distracted or Lunatiq[ue]' were not infrequently transferred in a rather punitive manner to Bridewell, if found to persist in their uncooperative, idle and disruptive ways. John Blackwell, for example, was sent to Bridewell after his recovery at Bethlem in 1649, described as 'yet being an idle and daingerouse p[er]son able to labor', and remained in Bridewell for at least another five months, despite being 'sometymes Lunatiq[ue]', while his settlement was found and maintenance arranged for him<sup>128</sup>. Neither the Governors, nor outside authorities, would have much truck with current or former patients considered 'cured of Lunacy' who subsequently refused to labour<sup>129</sup>.

Other patients might be sent to Bridewell simply for refusing to leave Bethlem, like Susan Newell, 'recovered' in 1649, but ordered removed to Bridewell 'untill shee bee willing to goe to Odiam in Hampshire where shee was borne'; or William Toote/Lets, 'well in his sences' in 1664, but 'refuseth to goe thence', and, likewise, ordered sent to Bridewell 'to be kept att hard labour till hee bee legally discharged'<sup>130</sup>. That some patients, however, betrayed such a peculiar attachment to Bethlem, is rather at odds with the standard image of the hospital as hell on earth.

<sup>126</sup> *Ibid*, 17 Jan. & 6 May 1639, 22 Sept. 1641, 29 Feb. & 17 April 1644, fols 221, 242, 349, 94 & 101.

<sup>127</sup> *Ibid*, 24 Oct. 1656, 19 Nov. 1662, 12 June 1667, fols 769-70, 22 & 49.

<sup>128</sup> *Ibid*, 13 Jan., 24 Feb., 16 March, (?) May & 9 June 1649, fols 370, 376, 380, 384 & 386.

<sup>129</sup> See e.g. *ibid*, 12 Aug. 1698, fol. 202, case of Benjamin Hartrudge.

<sup>130</sup> *Ibid*, 13 & 27 Jan. 1649, 20 Jan. & 10 Feb. 1664, fols 370, 374, 88 & 90. For others sent to Bridewell on their recoveries, see e.g. *ibid*, 26 Oct. 1664, 22 Jan. 1673, fols 116 & 472, cases of Daniel Ball & Elizabeth Soe alias Jackson.

Indeed, both Newell and Toote had been offered further helping hands by the Governors, Newell being promised carriage home and Toote, 'an old shute of Clothes...and 2/6 for his p[re]sent relief'. Yet a refusal to leave Bethlem, might itself reflect the extent of an individual's alienation and isolation from family and neighbourhood. Of the aforementioned patients:- Toote was 'a frenchman', who, on being admitted, had also declined to relate 'where he dwelleth nor how hee came over'; while, on her first admission in 1646, Newell had been arrested as a vagrant and a 'Spinster', 'wandering & raging in the streetes'; and on her readmission, in 1648, had once again been taken vagrant and far away from home<sup>131</sup>. Moreover, attempts to return such individuals to their homes often foundered. Newell was back in Bethlem again in 1652 under the name Mountayne, having attempted to set up roots in St. Sepulchres via marriage, but been rapidly widowed and arrested 'for threatening to burne houses...craysed in brayne'<sup>132</sup>.

The case of the recidivist William Landy, in and out of Bethlem and Bridewell repeatedly during the latter seventeenth and early eighteenth centuries, is an especially good illustration of the coercive, street-cleaning tendencies of contemporary policies towards the insane; the hardening of such policies in the face of the persistent nuisances that many insane individuals entailed, and also of the limited way in which Bethlem acted as sanctuary, prison and hospital (and Bridewell as deterrent) for patients.

Committed for the third time to the hospital circa 1673, on the authority of the King's Bench, and certified for the third time as recovered by the Bethlem Physician, Landy's discharge was authorised by the judiciary 'if hee be not dangerous abroad' and Landy given 5/ by the Governors 'to beare his Charges to his friends in the Country'<sup>133</sup>. Like Newell and Toote, however, Landy had other ideas, refusing to return to the country and remaining bothersome 'abroad'. He had formerly told the Physician (who reported it to the Court), in poignant terms, 'that hee had noe place to goe to but the hospitall of Bethlem'. Likewise, also, Landy was with little ado consigned to hard labour at Bridewell, the Court having finally lost patience with him and having adjudged him a malingerer. Although the Governors owned to some doubt as to whether Landy was 'mad or p[re]tends himselfe to be mad', they concluded for the sake of argument that the latter was the case, and Landy quite 'able to Labour for his Liveing'. Poor law legislation had long entitled only the 'industrious poor' and those incapable of work to relief,

<sup>131</sup> *Ibid*, 18 Dec. 1646 & (?) Dec. 1663, fols 285-6 & 81.

<sup>132</sup> *Ibid*, 31 March 1652, fol. 539.

<sup>133</sup> For the following discussion of his case, see *ibid*, 19 Nov. 1673, 19 Feb., 18 April, 8 May & 2 Oct. 1674, 18 June 1675, 9 Aug. 1678, 1 July 1681, 28 July & 1 Sept. 1682, & 9 Sept. 1704; fols 587, 618-9, 630, 637, 137, 41, 236, 315, 326 & 216; *BARs*, fols 231, 51; *P.R.O. LS.13/172*, fol. 37.

of course. Yet the Governors were increasingly at something of a loss to know how to categorise or deal with Landy. A continuing menace at and around the royal palaces and the city, and admitted to Bethlem and discharged thrice more during 1674-8, Landy was ordered 'banished' from the Royal Court in 1679, 'upon paine of his Maj[esty]'s displeasure', 'being [declared] a dangerous and disorderly fellow'. After Landy's re-committal to Bethlem by the Board of Greencloth, the Governors appear to have returned to a policy of deterrance, discharging Landy as 'not distracted' and promising that should 'he misbehave himselfe' in future, he would be confined to 'hard Labour' at Bridewell. Sent to Bethlem yet again by the Westminster Sessions a year later for abusing 'severall persons', the Governors remained true to their word, judging Landy 'not distracted but a Counterfeit idle fellow', and consigning him to Bridewell. That Landy was in Bethlem for at least another two spells, subsequently, during 1697-1703 and 1704-9, indicates how unsuccessful the Governors' strategies were. On the other hand, there was a degree of tolerance built into the limited periods of confinement necessitated by the hospital's lack of space and resources. After 1728, individuals like Landy would be more likely to have been detained for a prolonged period, if not until their deaths, on the incurables' wards.

Thomas Bowen alleged in 1783 that patients were 'often known to prefer Bethlem to private mad-houses' while 'many' others, who had been 'intimately acquainted with the conduct of the house' had also declared a preference for admission to Bethlem should they themselves be afflicted<sup>134</sup>. The balance of testimony, however, was very much to the contrary. Bethlem was more often the last, rather than the first resort, for families with a lunatic member, as in the case of John Norton, only committed to the hospital in 1667, after his parents, with whom he had been living had died and after his brother had lost most of his estate in the Great Fire and been 'forced to become a journeyman' to maintain his seven children and brother, and after John had himself 'become very unruly'<sup>135</sup>. When the 'Gentlewoman' wife of Lieutenant John Bilton discovered, in 1710, that her husband had been committed to Bethlem by the Admiralty, she promptly attended the Committee '& desird to have her husband out...being willing to maintain him at her own charge'<sup>136</sup>. The sister of James James sought his admission to Bethlem in 1781, because she was 'unable to Support the Expence of Maintaining him in a Private Madhouse', and countless other relatives were constrained by the same necessity<sup>137</sup>. Patients in private

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<sup>134</sup> Bowen, *Historical Account*, 12.

<sup>135</sup> *GLRO LSM.26*, 12 Oct. 1667.

<sup>136</sup> *BSCM*, 2 & 23 Sept. 1710, fols 29-30.

<sup>137</sup> *BCGM*, 26 April 1781, fol. 9. See, also, *ibid*, 23 June 1785, fols 220-21, case of Henry Finlayson & wife, & Appendix 2a, letter & Sub-Committee Minutes re. Jane Lutkin, dated 22 Aug. 1790.

madhouses who complained bitterly of the hardships they had endured, expressed an even deeper aversion to the prospect of incarceration in Bethlem. As much as Alexander Cruden, for example, detested Wright's Bethnal Green madhouse, he feared the notion of being removed to the common wards of the madhouse<sup>138</sup> or to Bethlem even more, envisioning the complete abasement of his identity as a 'gentleman', and being turned into an incurable madman by the experience. While Cruden confessed himself 'perhaps more afraid of Bethlem than of Death' in 1738-9, nevertheless, in 1754; after indeed having had his fears realised (being admitted to the hospital during 1743-4); and after another bout of insanity had led to a spell in Duffield's Chelsea madhouse, during 1753; Cruden spoke of his fear of being transferred to St. Luke's in identical terms to the way he had previously spoken about Bethlem<sup>139</sup>. Indeed, as we have already seen, the *idea* of Bethlem and other public hospitals was often worse than the reality.

Many patients had wits enough about them (as, indeed, had the aforementioned Newell) to confess themselves insane when brought before the authorities at Bridewell and elsewhere. The frequency, however, with which individuals appeared before the Governors 'feigning' themselves 'to be mad', in order to evade punishment, and the persistent problem of Tom o' Bedlam beggars, who tramped the highways with fake brass plates, badges, or other licences claiming (without foundation) to be collecting in order to meet the arrears for their keeping at Bethlem, or to be 'Out Patients', also strained the Governors' patience, and introduced a suspicious and occasionally harsh tone to their treatment of recidivists<sup>140</sup>. The Governors attempted on more than one occasion to correct the slur to the charity imprinted on the public imagination by such imposters, issuing public announcements in the press in 1675, and again over a century later in 1783, and careful to make the same point in other official publications. Yet in their disdain at the 'dishonour' done to the hospital's reputation and the deception and abuse of the public, the Board may well have encouraged the abusing and maltreatment of genuinely insane vagrants<sup>141</sup>.

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<sup>138</sup> Known as the White House, where pauper patients were lodged at 4 or 5/ p/w, whereas Cruden was supported at the Red House on a guinea p/w.

<sup>139</sup> For this discussion, see *Mr Cruden Greatly Injured*, i, 27-8; *The London-Citizen Exceedingly Injured*, 5, 27-34, & *The Adventures of Alexander the Corrector*, i, 34-7; iii, 7.

<sup>140</sup> William Scavenger, for example, was apprehended in 1673 as 'a Lewd Vagrant man wandering about the Streetes of this Citty and other places adiacent by the Name of Tom A Bedlam', & was ordered taken into the custody of the Bridewell Porter. See *ibid*, 25 March 1673, fol. 501. For other beggars and criminals (allegedly) feigning madness, & other disabilities, see e.g. *ibid*, 28 Jan. 1657, 7 May 1673, 21 Oct. 1692, 24 July 1754, 7 March & 23 May 1764, fols 783, 497, 201, 150, 71, 79; cases of John Cobb, Elizabeth Wharton, Robert Kewmery, English Silvester, Daniel Dixon, Richard Levatt.

<sup>141</sup> The public notice, composed by the Bethlem Physician, Thomas Allen, & printed in *The London Gazette*

Cases like \*\*\*\* Harris and Benjamin Harrison, both of whom 'pretended' madness when arrested for offenses within the verge and hauled before the Board of Greencloth; Harris being sent to the Marshalsea; and Harrison kept 'at hard Labour' and given 'due Correction', before he confessed himself 'heartily Sorry' and 'not a Lunatick as was pretended'; underline the reality of this fraud and the severity with which it was dealt<sup>142</sup>. Cases like James Williams, however, sent to Bridewell, 'pu[nished]' and put 'to worke', 'for being a disorderly p[er]son & causing tumults in the streets & for uttering [before the Court]...wicked & seditious words concerning the Kings Ma[jes]tye', before he was recognised as insane and transferred 'to Bethlem', emphasise the ambivalence and precipitancy of some such judgments<sup>143</sup>. The distinction was clearly not a straightforward one. Yet there was also an element of progressive consideration in the Governors' policy of sending patient's to Bethlem or Bridewell so that (or until) 'trial' could be made whether they were mad<sup>144</sup>. Occasionally, also, patients were transferred from Bridewell to Bethlem or admitted to Bethlem for limited periods only 'to trie if [they]...may bee recov[er]ed'<sup>145</sup>. By the eighteenth century, patients were standardly being admitted by the Bethlem Sub-Committee for an initial trial period of two months to ensure that they were 'proper Objects' for the house<sup>146</sup>.

Michael Macdonald is undoubtedly right to argue that, particularly during the seventeenth century, it was lay persons who were the *prima facie* arbiters of mental illness, who initially identified the mad and instigated proceedings to provide for them, and for their treatment and confinement<sup>147</sup>. Indeed, the Governors of Bridewell and Bethlem were very much dependant on a prior assessments by friends, parishioners and other lay persons who had come into contact with the individuals brought before them, in making a judgment as to their mental health, and

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in 1675, was rather more mildly put, however, than the framework originally suggested by the Court, declaring that such imposters 'deserve to be punished as Vagrants & Vagabonds'. That of 1783 was rather less judgmental in tone. See *ibid*, 13 Aug. 1674, 18 June 1675, fols 29, 138; *BSCM*, 11 Feb. 1783; *The London Gazette*, 17-21 June 1675.

<sup>142</sup> *PRO L.S. 13/114*, 23 July 1679, fol. 22 & 13/87, 13 Dec. 1686.

<sup>143</sup> *BCGM*, 22 Oct. 1662, fol. 17.

<sup>144</sup> *Ibid*, e.g. 22 Aug. 1638, 15 Feb. 1656, fols 193, 736, cases of Henry Wayne & Elizabeth Tarleton.

<sup>145</sup> E.g. case of Joan Duning, *ibid*, 22 Oct. 1641, 27 May & 1 July 1642, fols 355, 385 & 391.

<sup>146</sup> See *BSCM*, commencing from 1709, *passim*.

<sup>147</sup> Macdonald, *Mystical Bedlam*; *idem*, 'Popular beliefs about mental disorder', in Eckhart & Geyer-Kordesch, *Münstersche*.

the appropriate action to be taken; as, also, they were reliant, subsequently, on the testimony of the staff of both hospitals. With the introduction of medical certification to Bethlem at mid-century, however, it was increasingly left to the Physician to determine the issue of mental health.

Certification clearly involved the Physician in both a visual and verbal exchange with patients. Thomas Allen, for example, was not just told to 'be careful to see and speake w[i]th every Lunatike before hee p[re]scribeth any physicke for him'; he was also ordered to discover whether patients were 'Lunatike or noe', 'uppon sight of & conferrance w[i]th' them<sup>148</sup>. Although the Physician was required to 'speake w[i]th and examine' patients in order to establish mental health, there is no indication in the Bethlem Minutes that physicians ever physically examined, or even laid hands on their patients. Indeed the early modern physician in general, and the mad-doctor in particular, prided himself on his very aloofness from his patients<sup>149</sup>.

In practice, the Physician had been certifying patients as 'recovered' and 'fitt to be discharged' since the 1640s, yet such examinations were far from regular, or even requisite for a patient's discharge<sup>150</sup>. Certification by the Physician was not introduced as a statutory requirement for the discharge of patients from Bethlem until 1664<sup>151</sup>. This, no doubt, explains why patients were not infrequently permitted to linger in Bethlem when it was quite evident to ancillary staff that they were sane or had recovered. James Whitall, for example, a gentlemanly minister, quite capable of maintaining himself with his own lands in Warwickshire, committed by the Laudian High Commission to Bethlem in 1634, was not discharged until he himself had appeared before the Governors eight years later claiming that he had been 'com[m]itted...without Cause and never was mad'. Although his subsequent discharge depended on him producing a certificate of recovery from Dr. Meverall, the testimony of the Bethlem Porter that Whitall 'never was worse since hee came in then now he appeares to be' stands rather most eloquently as an indictment of the hospital's medical regime for its inefficiency<sup>152</sup>. The only standing rule which appears to have governed the discharge of patients from Bethlem during the early seventeenth

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<sup>148</sup> *BCGM*, e.g. 26 June 1667, 19 Feb. & 25 March 1673, fols 53, 485 & 492, cases of William Oliver & Richard Burwill.

<sup>149</sup> See Andrews, 'A respectable mad-doctor'.

<sup>150</sup> See *ibid*, e.g. 11 March & 1 April 1642, 24 March 1643, 13 Jan. 1649, fols 374-5, 27 & 370.

<sup>151</sup> *BCGM*, 23 Sept. 1664, fol. 114.

<sup>152</sup> *Ibid*, 11 March 1642, fol. 374.



century, was that it required the authority of the President, Treasurer or twelve of the Governors<sup>153</sup>. Seldom does this ruling appear to have been rigidly upheld, however. Keener to keep a closer track on the comings and goings of patients and to know 'what becometh of them that are admitted and kept in the...hospitall', from the 1650s and 1660s, the Court began to demand that the Steward keep and present to them a regular account of patients admitted and discharged, with the dates of such, as also of the warrants by which they were admitted and the names of patients' sureties. From 1663, 'A booke' of such was ordered 'kept', which was subsequently to develop into the admission (and discharge) registers which survive for the hospital from 1683<sup>154</sup>. For the same reason, and also, evidently, concerned about the frequency of relapse (and the impregnation of patients), from 1681 the Governors demanded that discharge certificates issued by the Physician should be delivered to the Court, and that every patient be physically brought before the Court for scrutiny prior to their discharge, in order that they might 'see' and verify 'what condic[i]on such p[er]son is in'<sup>155</sup>. By the end of the century, however, this function had been subsumed under the wing of the weekly committee, and henceforth the hospital's bonds register the adjustment that discharge now required the authority of only three governors.

Many patients were rejected or discharged from Bethlem having been certified as sane or 'not' or 'noe way (a) Lunatike', indicative of a considerable degree of discrimination on the hospital's part, and a lack of it on the part of those who proposed patients for admission<sup>156</sup>. This discrimination was gradually extended as the period progressed. Table 6j, showing the reasons behind the rejection of 82 patients from the hospital during 1709-28, documents a considerable range of reasons dictating the exclusion of patients from Bethlem beyond 'sanity', which emphasise the hospital's progressive commitment to cure. Patients were regularly being rejected and discharged if deemed 'too weak' or 'unable to take Physick'; if 'Mopish' or 'Paralytic'; for reasons of chronicity and old age; because suffering from 'fits' or 'convulsions'; all of which conditions were considered by the hospital's administration to render patients unlikely to be cured. Patients were also excluded if liable to cause the hospital extra expense, or if liable to place

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<sup>153</sup> See e.g. *Ibid*, 30 Sept. 1642, 29 Jan. 1651, fols 411, 484, cases of William Parre & William Everard, & bonds in Appendix 6a-d.

<sup>154</sup> See *BCGM*, 10 Nov. 1658 & 3 July 1663, fols 75-6 & 56.

<sup>155</sup> *BCGM*, 1 July & 2 Nov. 1681, fols 236 & 267. For recovered patients actually appearing before the Court, see *ibid*, e.g. 15 March & 7 April 1682, fols 287, 293

<sup>156</sup> See e.g. cases of Samuel Kendricke, John Kempton, James Smyth, Alice Clarke, John Syms, Richard Tillear; *BCGM*, 7 May 1656, 30 March & 20 April 1659, 28 Aug. & 11 Sept. 1667, 16 June 1680, 30 April 1703, fols 751, 123, 58, 60, 155, & 144.

other patients under severe threat of infection, as in the case of pregnant or severely wounded patients, and those suffering from leprosy or venereal disease. While in less than 22% of cases are the rationales behind patients' rejection recorded, clearly the same rationales lay behind the term 'improper object' which accounted for 68% of rejections from Bethlem, and these rationales continued to govern patients' exclusion from the hospital for the rest of the century.

From the 1680s, but more especially, from the turn of the eighteenth century, the Governors emphasis on the reception of 'curable' cases to the hospital was heightened. Increasing efforts were made to expel long-stay patients and those considered 'incurable' or 'not distracted', in particular via more vigilant and regular examinations conducted by the Physician and Weekly Committee; by penalising those obligors who failed to collect discharged patients; and by the enforcement of periodic clear outs of such cases, deemed to be silting up the hospital<sup>157</sup>. I have described elsewhere how this led to the marginalisation of a separate category of patients at Bethlem (and at other hospitals implementing similar policies), and how 'incurables' were re-embraced as suitable objects for hospital care from the 1720s<sup>158</sup>. While provision for incurables was, itself, essentially a product of the enhanced stress on cure at Bethlem, and of a ground-swell of public sympathy and benefactions for those outcast as hopeless cases from hospital care; it was also an ambivalent, face-saving attempt by the hospital to attribute therapeutic failure to the inveterate nature of mental disease, serving as a manicure to the statistics of the annual reports (in which the dismal results of incurables' admissions were not included)<sup>159</sup>. The notion that Bethlem served primarily as a long-term warehouse for the chronic or dangerous insane is misconceived, however. By far the largest proportion of its patients were short-stay cases. Even before the erection of the first incurables ward at Bethlem, patients were increasingly being continued there for little more than a year, if remaining uncured, from which time they were liable to be discharged as incurable. Table 6k, showing the lengths of stay of patients admitted to Bethlem during 1694-1718, and Table 6l, showing the previous durations of stay of incurables admitted to Bethlem during 1728-70, demonstrates that the great majority of patients remained in the hospital less than two years, and that while the initial stays of those declared incurable tended to be in excess of a year, the hospital was increasingly stringent in imposing its one year ceiling as the century went on. By the second half of the eighteenth century, patients who had been insane for more than a year were being rejected from admission to the hospital, and

<sup>157</sup> *BCGM*, 17 Aug. 1681, 11 April 1701, 4 Sept., 6 & 20 Nov. 1702, fols 236, 244, 440, 109, 119, 123; *BSCM*, *passim*, but esp. 13 Oct. 1711, 10 May 1712, 30 Jan. 1714, 9 April 1715, fols 69, 87, 143, 184.

<sup>158</sup> See Andrews, 'Incurably insane'.

<sup>159</sup> *Ibid.*

were only permitted entrance and continuing maintenance, on the Physician's and Committee's discretion, and only during Lady Day and Michaelmas<sup>160</sup>. While such a policy was also designed, rather artificially, to bolster the hospital's success rate, nevertheless it was very much concerned with targeting resources where they might be most efficacious; on recent and curable cases, and it is simply erroneous to suggest that the hospital's administrators were not committed to the cure of their patients.

Throughout the period under consideration, patients were only supposed to be supported at Bethlem so long as they remained in a condition (mental or economic) that made it impossible to support them elsewhere. Patients were commonly discharged, in the seventeenth century as 'conceived not now soe Lunatic[ue]' or 'soe unruly but that they may bee kept in any other place as well as here', rather than as completely recovered<sup>161</sup>. The emphasis at Bethlem was increasingly on a rapid turnover, so that the more desperate cases could be admitted, a policy dictated both by the hospital's lack of space, and by a therapeutic and security conscious utilitarianism, which placed a mounting emphasis on the virtues of early treatment and the need to concentrate limited resources on the 'curable' and 'dangerous'. Patients were discharged explicitly to 'give place...to others whoe are distracted Lunatic[ue] & dangerous abroad for obteyning helpe and Cure'<sup>162</sup>. The priority in maintaining a patient at Bethlem, however, was a matter of security, or the tractability/disruptiveness of an individual in the community and the hospital, and 'cure' was, thus, often simply an estimate of how agreeable or cooperative was an individual patient. Patients' discharge was often explained and justified on the grounds that they were now 'quiett and orderly' or 'civil' (as their admission had been legitimised for the opposite reasons), underlining how fundamental was submission to authority in determining a patient's recovery<sup>163</sup>. First and foremost, Bethlem offered families, parishes and authorities, a relatively secure and affordable facility for the detention of the threat, both real and potential, of the volatile and wayward insane, when their own means of provision were severely circumscribed. Patients were repeatedly admitted because those responsible for them claimed to be unable

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<sup>160</sup> Applicants' representatives were required to provide a statement as to the duration of the insanity of those they proposed. See e.g. petitions in Appendix 6; *BSCM*, 1 Nov. 1760, 4 March 1769, fols 329, 346.

<sup>161</sup> See *BCGM*, e.g. 27 June 1638, 11 March & 1 April 1642, 24 March 1643, 5 Dec. 1645, 12 June 1667 & 11 July 1674, fols 186, 375, 27, 229, 49 & 15, cases of Richard Farnham, James Whithall, Joan Cawcombe, Jane Bynneyman, Katherine Killigrew, Elizabeth Heyley, Elizabeth Deane, Sarah Ingram.

<sup>162</sup> *Ibid.*

<sup>163</sup> See e.g. cases of James Whithall, Sarah Ingram, John (Jean) Stafford; *ibid.*, 1 April 1642, 11 July 1674, fols 27 & 15; *PRO LS.15/105*, fol. 54, 17 Jan 1689.

to keep them at home or elsewhere with safety to themselves, the family or local inhabitants; or, moreover, to have 'noe meanes' or 'place to keepe [them]...safe'<sup>164</sup>. Richard Abrathwaite, although certified 'fit to be discharged' by Dr. Allen, in 1670, three years after his admission, had his release deferred for four months at a his brother's request, 'in regard his friends have noe place to keepe him safe'<sup>165</sup>.

This priority on the confinement and retention in Bethlem and elsewhere of 'dangerous' cases only, gave the hospital more of the character of a detention centre than a centre of cure. Although, by the mid-seventeenth century, the Governors had ceased to identify their charges at Bethlem as 'prisoners', parish officers were still referring to Bethlem as a 'Hospitall or Prison' at the end of the century<sup>166</sup>. The issue of security was clearly even more paramount in persuading country parishes to afford the exorbitant expense of sending an insane individual the great distance to London. As Marland found for Wakefield and Huddersfield, it was plainly those cases deemed 'more dangerous' who 'were sent to private asylums or to Bethlem'<sup>167</sup>. Yet it was also the more marginalised cases, bereft of relatives or friends to keep them safely in doors, or whose behaviour had most radically alienated their neighbours, and nearest and dearest, who appear to have been outcast to London; committal to Bethlem being valued primarily as a means of exiling, rather than as means of curing, the insane.

The tradition that Bethlem received the most 'dangerous' cases had long been recognised by contemporaries, and is reflected in literary and journalistic productions from Donald Lupton (1632) to John Stow (1720)<sup>168</sup>. It was an emphasis which was consolidated and formalised at Bethlem in the eighteenth century. Increasing efforts to exclude those designated merely 'mopish' or 'melancholic' were made at Bethlem<sup>169</sup>. Individual lunatics might be ordered 'taken Care of'

<sup>164</sup> see e.g. *ibid*, 30 May 1674, fol. 648, case of Edward Albane.

<sup>165</sup> *Ibid*, 15 Feb. 1667 & 13 May 1670, fols 33 & 203.

<sup>166</sup> See orders for payment of Johanna Sanbache's gift to Bethlem, in *Ghall MSS 6552/1*, e.g. 13 May 1664, 17 Oct. 1677; *6554/2*, 1694-5 account.

<sup>167</sup> Marland, *Medicine & Society*, 64 & note 46.

<sup>168</sup> See Lupton, *London and the Countrey Carbonadoed*, ch. 19, 77-8; 'hee that keepes the House may be sayd to live among wilde Creatures. It's thought many are kept here, not so much in hope of recovery, as to keepe them from further and more desperate Inconveniences'; Stow, edn of Strype's *Survey*, 194-5; 'those are judged the fittest Objects for this Hospital that are raving and furious, and capable of Cure; or if not, yet are likely to do mischief to themselves or others; and are Poor, and cannot be otherwise provided for. But for those that are only Melancholick, or Ideots, and judged not capable of Cure, these the Governors think the House ought not to be burthened with'.

<sup>169</sup> See e.g. case of Frances Davis, only permitted to be continued in Bethlem during 1681 if her parish officers

by alternative means, even by the Court of Aldermen, unless or until their 'Distemper' proved 'so bad' that they were 'thought...a proper Object to be sent to Bethlem'<sup>170</sup>. 'Dangerous' cases were prioritised and 'Mopes' excluded from admission to Bethlem's incurables wards from their very inception in 1728. Only those who 'by Tryall in the Hospital of Bethlem and in the Opinion of the Com[m]ittee appear upon examination to be incurably mad mischievous and ungovernable' were supposed to be eligible for admission, an exclusivity that was reiterated more definitively by the Court in 1739, as a potential threat from those adjudged 'outrageous and *likely* [my italics] to do mischief to themselves or others'<sup>171</sup>. Patients designated as incurables were rejected as 'not fit' for confinement on the incurables wards if they had not 'done or attempted Mischief', while the particularly 'Mischievous and Dangerous' might be moved directly to the top of the waiting list for admission<sup>172</sup>. From 1765, those incurables who 'become Mopes or Consumptives' were also to be discharged, 'if they belong to Parishes', according to the view that 'they may be as Commodiously kept in their respective Parish workhouses as in the Hospital'<sup>173</sup>. By the 1730s at least, the standard format of petitions for admission required petitioners to state whether an applicant was 'Melancholy, Raving or Mischievous', and, by the latter part of the century, whether an applicant had actually 'attempted Mischief' (either against self or others), in an effort to restrict admissions even further at Bethlem to the most 'dangerous' cases<sup>174</sup>. Of 98 petitions I have found extant amongst the Bethlem archival material which faithfully provide this information, over the period 1763-1803 (see Table 6m), 56 (or 57%) record that applicants were 'Raving', 'bad' or 'furious'; and 59 (or 60%), that patients were 'Mischievous'; while only

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became bound to pay an extra 2/ a week, she being 'a very weake malancholly woeman and incurable', who had been in the hospital 'divers yeares'. Davies was to die in Bethlem on 19 Jan. 1684, however. *BCGM*, 17 Aug. 1681, fol. 244; *BAR*, fol. 5.

<sup>170</sup> *GLRO CA. Rep.* 143, 8 May & 16 Oct. 1739, fols 286-7 & 460, case of Martha Walker.

<sup>171</sup> *BCGM*, 12 July 1728 & 30 Nov. 1739, fols 153 & 63. For more on provision for incurables at Bethlem, see Andrews, 'Incurably insane'.

<sup>172</sup> *BARs* & *BIARs*, *passim*; *BSCM*, e.g., 13 Nov. 1773, 29 Nov. 1783, cases of William Hughes, Jonathan Evans.

<sup>173</sup> *BCGM*, 20 June 1765, fols 137-8.

<sup>174</sup> By the 1780s, these petitions were no longer hand written but were printed by the hospital, petitioners merely having to fill in the gaps, becoming increasingly less revealing about the individual circumstances of patients. For the development of petitions at Bethlem, see Appendix 6, petitions on behalf of Elizabeth Scotton (dated 1732); Henry Bayly (an incurable, 1744); Catherine Gazy (1765) Eleanor Cameron (an incurable, 1777), & '...Particulars...for the Admission of Patients...' (c1777).

22 (or 22%) record that patients were 'Melancholy', and only 39 (or 40%) that patients were 'not Mischievous'. While adding substance to the impression that the majority of patients committed to Bethlem were considered 'dangerous', there was clearly, however, still a significant number of cases who were deemed to be quite innocuous. Indeed, there was no hard and fast ruling, at Bethlem, restricting the admission of curables to 'mischievous' cases. Black found that of 1972 patients admitted during 1772-87, only 38% were 'Mischievous', only 16% had 'Attempted Suicide' and only 1% had 'Committed Murders' (making 55%, putatively, dangerously insane), while 45% had been admitted as 'Not Mischievous'<sup>175</sup>. Indeed, there are signs, in the latter part of the century, that families were increasingly keen to off-load their distracted members, even if young, or relatively innocuous, and that the hospital was more willing and able to accept such cases. Joseph Read for example got his nine year old son, Joseph, admitted in 1776, not because he was impossible to manage at home, but because the boy was 'very mischievous will not wear any Cloaths' and because he was 'fearfull' that the boy 'will be more Outragious as he gathers strength' and 'remain a Burthen to me all the Days of my life'<sup>176</sup>. Likewise, the Governors had no objection to receiving Margaret Thompson, in 1784, although she was merely 'in a melancholy Condition and had not attempted mischief'<sup>177</sup>. On the other hand, only 13 (or 13%) of those applicants for admission during 1763-1803, in my own survey, were registered as both 'Melancholy' and 'not Mischievous', while clearly petitioners understood different things when responding to these categories, one of the 13 also being said to have attempted suicide. Ultimately, this method of classification concealed much more than it revealed about the nature of patient's behaviour.

Developments at Bethlem must be seen in the context of lunacy legislation, which also, during the eighteenth century, reflect and instill this vigorous emphasis on security in the confinement of the insane, instructing authorities that it was those who 'are furiously Mad, and dangerous to be permitted to go Abroad' who should 'be Apprehended, and kept safely Locked up...and (if such Justices find it necessary) to be there Chained'<sup>178</sup>.

The concerns of security and cure were not mutually exclusive, however. Patients were

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<sup>175</sup> Black *Dissertation on Insanity*, 18.

<sup>176</sup> *BCGM*, 12 Dec. 1776, fol. 545.

<sup>177</sup> *Ibid*, 5 Aug. 1784, fol. 157.

<sup>178</sup> *Act...For Reducing the Laws relating to Rogues, Vagabonds, Sturdy Beggars, and Vagrants...1714*, 12 Anne, c. 23; 17 Geo. II, c.5; Hunter & Macalpine, 300 Years of Psychiatry, 299-301. See, also, Jimenez's study of Massachusetts *Changing Faces of Madness*, where policy towards the insane had similar priorities.

standardly received at Bethlem both 'to p[re]vent Dainger' and 'for Cure'<sup>179</sup>. For the duration of the period, Spital Sermons stressed that the hospital was both 'for keeping and curing distracted persons'; that such provision was necessary not merely because lunatics were 'most unruly', but also because they were 'not able to helpe themselves'<sup>180</sup>. Bethlem offered a dual provision to petitioners like John Read's mother who, on the one hand, had 'noe meanes to keepe [her son]...within doores', and, on the other hand, had 'noe meanes...to recover him of his Lunacy'<sup>181</sup>. Cure seems to have been substantially nearer the forefront of the minds of private obligors committing patients to Bethlem, who, indeed, were more apt to be eager for the restoration and return of a family member than parish officers and other public authorities to whom the insane were often bothersome strangers, and whose concerns with patients' cure were rather more pragmatic and economic. Indeed, it was private obligors who more often petitioned to the effect that their 'low circumstances' prevented them 'from procuring proper Advice' for their insane friends and relations, and who more often claimed to have already made vain efforts at finding a cure<sup>182</sup>. Yet other boards and institutions which committed individuals to Bethlem also displayed a considerable concern with their recovery. The Sick and Wounded Board, in particular, emphasised the curative objectives behind the committal of almost every mad sailor it sent to Bethlem, requesting that 'care may be taken for his cure', or 'for his Entertainment...and for his Cure if possible'; although such objectives were conditioned by the utilitarian aim of restoring such individuals 'into a Capacity of Serving King/Queen & his Country again', and by a coercive conception of the need for the insane to be 'reduced into' such a state<sup>183</sup>. Even those authorities most paranoid about the threat of the insane, like the Board of Greencloth which dealt with cases troublesome to the royal court (see *infra*), quite frequently stressed their

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<sup>179</sup> E.g. case of Samuel Toe, *ibid*, 19 June 1674, fols 23-4.

<sup>180</sup> E.g. *BCGM*, 29 Jan. 1651, fol. 487; *A true Report...* (London, 1656). John Gilbert, in his 1743 Spital Sermon, stressed the responsibility of the sane of 'contributing all in our Power towards restoring' the insane; *A Sermon Preached...at St. Bridgets...* (London, 1743), 21.

<sup>181</sup> *Ibid*. Indeed, despite a graphic account of Read's dangerous insanity from his mother, Read could not be admitted until 'there may [be] roome empty' at the hospital, the emphatic objective of which was 'his Cure', rather than his safe-keeping.

<sup>182</sup> See e.g. eighteenth century petitions in Box 'D' in *BRHA*, esp. petitions on behalf of Ann Carvill, Oct. 1780; Daniel Gardner, April 1775.

<sup>183</sup> See e.g. cases of Thomas Marshall (admitted 1692), Ciferon Hill (1696), John Henworth (1697), Daniel Weston (1703), Samuel Griffin (1708), Francis Mallin (1708), Roger Purdie (1710); *BARs*, fols 156, 222, 234, 35, 113, 132, & 9; *PRO Kew ADM.99/4*, 27 July 1703; *ADM.99/10*, 27 Feb. 1711.

desire for the cure of the afflicted, and their appreciation of the specialist care Bethlem provided. On the one hand, Richard Hutton, for example, was transferred from Tuthill Fields Bridewell to Bethlem in 1670 owing to the inadequacy of the facilities there 'to secure the lives of other p[er]sons...from receiveing hurt and damage from him' and 'to keepe him out' of Whitehall Palace. On the other hand, the Board of Greencloth claimed that he had originally been sent to Tuthill Fields to 'be reclaimed & Cured of his distemp[er]'; and that it had been 'for want of those ordinary meanes & helps that might Contribute to his Cure', that he 'is since growne to so high a distemp[er] of braine & disorder', and requested explicitly, at Bethlem, that he 'bee put into the way of Cure for this distemper & dieted' as usual<sup>184</sup>. Just as confinement in Bethlem was often the product of a breakdown of the ordinary discipline and cohesiveness of the household, whether it be the family household or the royal household, those identified as the cause of such breakdowns were often admitted to Bethlem with the idea that being subjected to the unfamiliar and more severe discipline of the hospital might more effectively reduce them to obedience and submission. It was according to this notion that Catherine Edwards, was committed to Bethlem for a second time in 1679. She had been admitted initially at her husband's instance in 1678, having continued to be 'very much distracted in her minde, notwithstanding all the endeav[our]s & means us'd by [him]...to cure her...Infirmity'. After having been discharged well, but relapsing, and being 'guilty of Many disorders contrary to the good Governm[en]t of his Maj[es]ties Household' (both she and her husband being servants in Whitehall Palace), she was admitted again on a warrant from the Board of Greencloth and ordered to be 'treated' there 'according to the good order and discipline of yo[ur] house'<sup>185</sup>. In some cases, the objectives of 'care' and 'cure' were given exclusive prominence by petitioners, who, like the aforementioned John Edwards, had already made concerted efforts to effect an individual's recovery. Daniel Gardiner, a labourer of Harbury, Warwickshire, for instance, had 'for six weeks past labour'd under an insanity of mind', when 'his Friends' applied for his admission to Bethlem in 1775, 'all the assistance [they]...could give him towards his recovery' having 'hitherto been of no Service', while 'their low circumstances' rendered them 'totally incapable of taking that care of him which his present situation requires'<sup>186</sup>. Whereas 'meanes for [a patient's]...safe Custody & Recovery' were twin aims in his reception and maintenance at Bethlem, it was 'p[re]vent[ing] the Damage dainger & terro[r] of the people where hee is' that was more often the prominent concern of the

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<sup>184</sup> *PRO LS.13/104*, fol. 46.

<sup>185</sup> *PRO LS.13/104*, fols 98 & 105. See, also, *supra*, chap. 3.

<sup>186</sup> See Appendix 60, where the petition is reproduced in full.



hospital and its clients, however<sup>187</sup>.

As a result of the pressure on numbers at Bethlem and the looseness of the medical and administrative criteria governing the discharge of patients, rarely, prior to the latter eighteenth century, did patients' families or friends experience much opposition from the hospital administration if they desired to remove a patient before recovered. Like their admission, patients' discharge was often negotiated with, and instigated by, their obligors, or even with/by individual patients themselves. The admission registers and Sub-Committee Minutes, are replete with instances of patients being discharged 'at the request of his/her friends', family, sureties or parish, while during the seventeenth century, patients were not infrequently discharged at their 'owne requ[est]', as well as 'by the consent' of their representatives<sup>188</sup>. While the Physician's certificate was ordinarily required for patients' discharge, M\*\*\*\* Price came in person before the Court in 1681 claiming to have recovered and it was 'his wife and sister conceiving hee is restored' and desiring 'alsoe that hee may be discharged' that clinched the Court's approval<sup>189</sup>. Contrariwise, of course, discharge was occasionally enforced by the hospital (with or without the patient's consent) in opposition to the express wishes of a patient's obligors, as in the case of James Carkesse, liberated on his own petition, in 1678, 'severall of his relac[i]ons being...p[re]sent and not able to satisfye this Courte That hee is not void or discomposed of his sences or fitt...to be continued'<sup>190</sup>. Indeed, Carkesse had blamed his family in his *Lucida Intervals* for confining him in the first place and keeping him locked up when he was perfectly sane<sup>191</sup>.

Even those still regarded as 'dangerous abroad' might be discharged if their obligors asked it, although the hospital was normally careful to issue an admonishment in such cases to ensure that

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<sup>187</sup> See case of Edward Albane, *ibid*, 30 May 1674, fol. 648.

<sup>188</sup> See e.g. *BCGM*, 1 Oct. 1634, 11 March & 1 April 1642, 18 Nov. 1681, 4 Jan. 1682, fols 14, 374, 375, 268, 274, cases of Jervise Blande, James Whitall, James Carkesse & Anne Kingston. See, also, case of Samuel Selwood, admitted on 25 March 1689 and 'discharged' on 28 May, 'at his owne requ[est] by the consent of his mother & Dr Chamberlin who p[ro]miseth to pay you money', in *BAR*, & *BARs* & *BSCM*, *passim*.

<sup>189</sup> *Ibid*, 2 Dec. 1681, fol. 270.

<sup>190</sup> *Ibid*, 29 Nov. 1678, fol. 64.

<sup>191</sup> See *op. cit.*, 38, where Carkesse boasts of cheating 'my Shrewish Wife and her Relations' of 'their End' in sending him 'successively to be Tam'd' to Finsbury & Bethlem, having 'grown fiercer' instead. Individuals like Carkesse, unhinged having lost their livelihoods, been ruined, rejected or disgraced, or suffered assaults on their self-esteem, often felt deeply betrayed by families who had confined them, finding painful succour in the notion of elaborate conspiracies against them, or insulating, while manifesting, their feelings of alienation, by reinventing themselves as great poets, straw-throned royalty, correctors of the public morals, prophets, *et alia*, but were understood as little more than mad through pride and enthusiasm by contemporaries.

the patient was provided for and 'restrained from doing any hurt' in the future<sup>192</sup>. On occasion, the Board might be more coercive in its concern with public safety and patients' cure (and the recovery of the hospital's arrears), as in the case of Margaret Rawson, for example. Refusing repeatedly to discharge Rawson for over a year, during 1689-90, the Governors finally insisted that her obligor seal a new bond guaranteeing 'not to p[er]mitt' the patient 'to wand[er] ab[ou]t the streetes but to use what meanes hee can for her Cure or to put her into...Bethlem againe', before they would agree to discharge her<sup>193</sup>. Rawson's case was rather exceptional, however, although discharge was generally delayed in the event of outstanding arrears, patients being retained, whether cured or uncured, until the debt had been met and all the conditions of bonds fulfilled<sup>194</sup>. James Carkesse's comment that '*Bridewell Bonds give strength to Bedlam Chams* was a perceptive one'<sup>195</sup>. Furthermore, the discharge of those patients committed by order of government, or some other external authority, normally required the satisfaction and consent of that authority. Cases like Edward Purcell's and Richard Stafford's, in the seventeenth century, and James Tilly Matthews's, at the beginning of the nineteenth century, are eloquent reminders of how Bethlem might become a rather more ineluctable prison for those conceived of, in any way, as a threat to the political order and the safety of members of the ruling classes<sup>196</sup>. The financial motivations evidently behind so many scandals of wrongful confinement that punctuate the history of the private mad business in the eighteenth century, can rarely be seen, however, to have pertained at Bethlem, and the hospital was normally keen to retain the insane only so

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<sup>192</sup> See e.g. case of Thomas Wattee, whose parish were allowed (on paying the arrears) to reclaim him from Bethlem in 1654, but were 'admonished to take care that he may bee kept from doing any hurte hereafter'; *BCGM*, 24 May 1654, fol. 657.

<sup>193</sup> Rawson's surety, Francis Berry, had clearly been more concerned about the expense of her maintenance, than her cure. Having fallen into arrears and repeatedly petitioned for Rawson's discharge & some mitigation of his fees, from Jan. 1689 (although she was 'not recovered'), Berry was forced firstly to settle his arrears by the Governors (as was their usual policy), &, in September, was 'advised' to the contrary & persuaded 'to continue her some tyme longer' by the carrot of an abatement. When, 4 months later, he petitioned once more to 'have her out of the...hospitall and try some other meanes abroad', he was actually refused, & it was only after further appeals to the Court over the next 2 months that the Governors decided on a bond to keep Berry to his word. Rawson was not officially discharged from Bethlem for another 12 years, Berry's attempt at finding alternative means evidently having failed. See *ibid*, 25 Jan., 1 March & 6 Sept. 1689, 17 Jan., 14 & 28 Feb., & 17 March, 1690, fols 359-60, 374, 437, 15, 22, 26 & 29; *BARs*.

<sup>194</sup> See e.g. *ibid*, 12 Sept. 1673, 7 Nov. 1684, fols 560, 20, cases of Adam Hooker, Anne Parker.

<sup>195</sup> *Lucida Intervalla*, 66.

<sup>196</sup> See esp. chap. 3; Haslam, *Illustrations of Madness* (ed.) Porter; *Madhouses Committee Reports*; & extensive body of documentation relating to the Matthews case in *BRHA*.

long as their obligors were willing and able to support them<sup>197</sup>.

As, on the other hand, during the course of the period, the hospital's medical officers began to exert an increasing sway over policies governing admission and discharge, and over patients' actual environment; and as the freedom of access formerly enjoyed by patients' friends was steadily restricted; obligors were increasingly required to *demand* the release of patients, and the hospital's Physician and Committee were increasingly emphatic in their advice and their disapproval of action taken in contradiction of that advice. Indeed, by the latter part of the eighteenth century, patients were not only being recorded in admission registers as 'taken out against the advice/consent of the Committee'. They were also, as outlined in chapter 2, actually being barred from visitors or readmission, on account of argumentative, troublesome or demanding, friends; or, if deemed dangerous, they were apt to be refused discharge altogether. Gradually assuming the authoritative high ground of medical expertise, the hospital administration grew progressively more insistent on its own judgments as to what was appropriate for an individual case, and increasingly dismissive of alternative suggestions, so that the, formerly, quite legitimate intervention of patients' representatives began to be conceived, more negatively, as interference. In Table 6n, the decline in the numbers of incurables removed at the request of their friends during the second half of the eighteenth century is particularly striking, as is the appearance during 1750-75 of new categories of patients discharged against the hospital's advice or in contempt of the house, indicative of an intensifying area of conflict between the interests of patients' obligors and hospital policy<sup>198</sup>. While a large proportion of patients taken out of Bethlem by their friends, who were often quite insistent or 'earnest' in their requests, may, itself, suggest dissatisfaction with the hospital's treatment of its patients; the decline of this proportion seems, moreover, to reflect a narrowing down of the former avenues of negotiation with patients' representatives, and a resignation on the part of the latter, in the face an increasingly assertive lay and medical expertise.

### The 'danger' of the insane

It is not enough, of course, to say that Bethlem prioritised the admission of the 'dangerous' insane, without analysing what its administration and patrons, and society as a whole, meant by 'dangerous'. Historians who have recognised the stress placed by early modern authorities on the need to confine those 'dangerous to themselves or others', have often singularly failed to

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<sup>197</sup> See e.g. *ibid*, 28 July 1671, 16 March 1688, fols 324, 289, cases of Elizabeth Long, Jane Terry.

<sup>198</sup> Whereas, during 1728-50, 21 incurables (or 17% of those discharged) were removed from Bethlem at the request or with the consent of their friends, during 1751-75 numbers declined to only 6 (or 13% of those discharged) & during 1776-1800 to only 3 (or 5% of those discharged).

examine in any depth what the threat of the insane actually entailed; or what distinguished the minority of the insane arrested and detained in hospitals like Bethlem, or elsewhere, from the majority of the insane at large in the community<sup>199</sup>. Michael Macdonald has been one of the few historians of psychiatry who *has* determinedly investigated the welter of popular beliefs and responses concerning the symptoms of acute mental disorders; how the insane were identified outside of the hospital, medical treatises and the literature of the elite; and who has focused on those groups who ordinarily initiated the process of treating and confining the insane<sup>200</sup>. The following brief analysis is very much indebted to Macdonald's approach.

In the case of individuals who were deemed a danger to themselves, or suicidal, commitment was more straightforward, usually following an attempt or a threat to commit suicide, and patients normally being received into Bethlem (or even Bridewell) for their own protection<sup>201</sup>. Indeed, there is little trace in the Bethlem Minutes, or the accounts of parish officers, of punitive responses suicidal cases. More often, as in the case of an anonymous 'poore distracted weoman' who had 'lately wandred up and downe the...parish [of St. Buttolph Billingsgate] and like to have drowned herselfe last night in the Thames', admitted to Bethlem on the 'applicac[i]on' of a governor living there 'and other Inhabitants', the emphasis was on prevention, rather than blame<sup>202</sup>. While a successful suicide aroused passionate condemnation and antipathy throughout the period, and was attended by a whole host of ritualised posthumous punishments, many of them of the most brutal order, acting as both deterrent and exorcism, attempted suicide was generally treated mildly and pragmatically<sup>203</sup>. It was evidently the disturbing affect of Thomas

<sup>199</sup> see e.g. Jimenez, *Changing Faces of Madness*.

<sup>200</sup> See Macdonald, esp. 'Popular beliefs about mental disorder' & *Mystical Bedlam*.

<sup>201</sup> See e.g. case of Benjamin Taylor, continued in Bridewell during 1676 'for feare of his making away [with] himselfe'; *BCGM*, fol. 45.

<sup>202</sup> *BCGM*, 15 April 1681, fol. 213. See, also, *Gildhall MS 4525/14*, fol. 132, case of Grissell Lawnder of Bishopsgate.

<sup>203</sup> While e.g. a man who 'poysoned himself' in St. Bride in 1676 was buried by the ditchside & his grave paved over, Mrs Welch of the same parish, who 'hanged her self...but was cut down by a gentleman that hapned to see her', was nursed & conducted home at parish expense; *Ghall MS 6552/4*, 31 March 1676 & 27 Nov. 1699. See, also, case of Mr. Pelham, 'who [having] cut his throate' in St. Dunstan in the West during 1712, had his settlement sought after, was nursed, lodged, provided with necessaries, and surgical assistance, all to no avail, at a parish expense of £6 9/. *Ibid*, 2968/7, 5 Sept. 1712-18 June 1713. For insightful analyses of suicide & insanity in this period, see esp. Michael Macdonald, *Mystical Bedlam*, esp. 89-90, 132-8, 165-6; *idem*, 'Popular beliefs about mental disorder', 155-7, 161-5; *idem*, intro. to John Sym's *Life's Preservative Against Self-Killing* (London, 1637), (Tavistock Classics in the History of Psychiatry: London & New York, Routledge, 1988) *idem*, 'The inner side of wisdom: suicide in early modern England', *Psych. Med.*, 1977, vol. 7, 565-82; *idem*, 'The secularisation of suicide in England 1600-1800', *Past & Present*, 1986, vol. 111, 50-97, & Macdonald's eagerly

Emerson's suicide and crossroad's burial with a stake through his heart, in 1663, which unhinged his wife Katherine and precipitated her admission to Bethlem 'uppon Complaint of the Churchwardens' so soon after the event<sup>204</sup>. William Peares/Piercey, 'who Cutt his throat' in the parish of St. Botolph Bishopsgate, in 1707, on the other hand, was treated with remarkable sympathy by the parish officers. They hired the local surgeon to heal his throat, paid a nurse 3/ per week 'for looking to' him, relieved Piercey himself with 5/ 'in order to goe to Kent' (possibly for the country air, or where he had family), and settled a bill of £2 'for [his] l odgeing and diett' at the Dolphin Inn<sup>205</sup>. Suicide or its attempt did not necessarily imply insanity to contemporaries, and a number of individuals brought before the Bridewell Governors for the attempt were simply 'past'<sup>206</sup>. Yet, increasingly during this period, as Macdonald and others have shown, suicide assumed the ineluctable taint of insanity, and more and more coroners elected to save the ruin and disgrace of families, and to deprive the self-murderer of responsibility, by declaring verdicts of insanity, while more and more families and authorities looked upon Bethlem (or another institution for the insane) as the appropriate place for those they encountered who had attempted or even threatened suicide. When the cook of the naval ship 'The Victory', for example, 'hanged himself, but was cut down before dead', this was conceived as 'a Proof of the Frenzy of his Mind' by the naval authorities in 1743, and sufficient cause to have him immediately conveyed to Bethlem<sup>207</sup>. In admissions to Bethlem, attempted suicide often took on a wider connotation of threat, in that, defined as senseless and arbitrary, such wanton disregard for one's own life, also implied a threat to one's nearest and dearest, if not the entire neighbourhood. Catharine Gazy/Gary, for example, had 'been distracted about 7 years', when admitted to Bethlem in 1765, having 'in her first melancholy Fit...cut her Throat and...severall Times since, alarm[e]d her Husband & Neighbours with apprehensions of her doing herself, her

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awaited book on suicide in early modern England; John McManners, *Death & the Enlightenment*, chap. 12, 409-37.

<sup>204</sup> See *Gldhall MSS 4525/4*, 1663/4 account, fols 22-4, 28, 30; 1665/6 account, fols 1-2; *BCGM*, 3 July 1663, fol. 54.

<sup>205</sup> *Gldhall MSS 4525/28*, fols 151-3, 163.

<sup>206</sup> See e.g. case of Alice Bradley, charged with 'pilfering a shilling and a Spooone being a pilfering wench and in the sence of Guilt did endeavour to cutt her owne throate', who was merely passed by the Court, the Governors even having agreed to pay 'the Chirurgeon that healed her and the Master', and returning her clothes to her. *Ibid*, 27(?) Sept. 1676, fol. 287.

<sup>207</sup> *PRO Kew ADM.99/17*, fol. 281. For other suicidals admitted to the eighteenth century hospital, see e.g. *BCGM*, 29 Nov. 1787, fol. 287, case of Charles Herriot; petitions in 'Box D' at *BRHA*, & Haslam, *Observations*.

children & them Mischief'<sup>208</sup>.

With those conceived, first and foremost, as dangerous to others, the matter was rather more complicated, but it was primarily when the insane became, or were conceived as, a threat to life or property that they seem to have been hospitalised at Bethlem. Wards for the criminally insane were not established at Bethlem or other English asylums until the nineteenth century, and a large corpus of patients admitted to Bethlem during the early modern period were clearly those who had attempted, or committed, murder, or some other violent act without legitimate rime or reason being established. It was the indiscriminate nature of such violence, its irrational destruction of what should have been dear to the individual, that marked such offenders out as dangerously insane to contemporaries, as in the case of Robert Smyth, admitted to Bethlem in 1642 and described as 'soe distracted & outrageous in his Lunacy that hee hath lately killed his owne father and is very daingerous to all that Come neare him'<sup>209</sup>.

It was civil disorders which tended to bring insane individuals to the attention of the authorities, rather than the pure fact of lunacy itself. The simple eventuality of lunatics being abroad was regarded with increasing fear by classical society. The insane were dangerous because of their profound waywardness, because what Macdonald referred to as their 'mental vagrancy'<sup>210</sup>, went far beyond the loss of control signified by the ordinary vagrant, in flouting the life-supporting ties with families, neighbours and wider society. Their wandering was deemed to be aimless and unpredictable, their discontent arbitrary and out of proportion, their refusal or relinquishment of work contrary to self-interest, as well as the interests of their families and localities. Anne Read, of Burford, Oxford, for example, petitioned the Governors for the admission of her son John, in 1674, informing them that he had abandoned 'his Service' as a journeyman to a London mercer, and returned to 'the Countrey', where he was 'running about in A daingerous condic[i]on shée haveing noe meanes to keepe him w[i]thin doores'<sup>211</sup>. Many of the insane brought before the Court at Bridewell and the Sessions for London and Westminster had been rounded up by constables and other local officers, found 'vagrant and lurkeing/running/wandring/strolling upp & downe the streets', or 'taken in the watch', having evidently been at large at the wrong times, night-time, in particular, some even having been 'suspected to bee...nightwalker[s]'<sup>212</sup>. The

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<sup>208</sup> See ltr & petition dated c16 Nov. 1765 in Appendix 61.

<sup>209</sup> *BCGM*, 1 April 1642, fol. 375.

<sup>210</sup> Macdonald, 'Popular beliefs about mental disorder', 155.

<sup>211</sup> *BCGM*, 7 Aug. 1674, fol. 25.

<sup>212</sup> See e.g. *BCGM*, 10 Nov. 1643, 29 Feb. 1644, 30 Jan., 13 March, 17 April, & 18 Dec. 1646, 28 Jan., 19 Jan.

committal of such cases to Bethlem was in essence a matter of street-cleaning, although neither their obligors nor the Bethlem Governors should be viewed as entirely out of sympathy with individuals found 'lying under stalls' or 'taken up in the streetes of this Citty'<sup>213</sup>. Others were actually caught 'makeing disturbances', 'tumults', 'uproar' or 'Mutenyes', 'in the streetes'<sup>214</sup>. Keeping public passages and rights of way free from obstructions and hindrances, and protecting respectable citizens from the importunes, plaguing and pestering, of the idle masses, was a vigorous and mounting concern of early modern legislation<sup>215</sup>. As delineated in chapter 2, the very sight of the poor masses, 'the great unwashed', and the sick poor in particular, was becoming increasingly offensive to the governing classes as the period progressed. The tone in which individuals, like Thomas Trumball (who had already been discharged 'well' from Bethlem, but had subsequently 'Relapsed'), were rounded up and incarcerated in Bethlem and elsewhere; having remained at large and 'Appear[ed]...as a Lunatick Vagrant to the Terror and Annoyance of all Passengers passing by the...Hospital' and other public places and thoroughfares; reflects the increasing verve with which such policing was enforced during the eighteenth century<sup>216</sup>.

Property was, of course, of paramount importance to contemporary society, the governing classes in particular, defining the foundation of its franchise. Little wonder then that arson, or the threat of arson, was a particularly common charge against those lunatics appearing before the Court of Governors and Sessions in the seventeenth century. This was not merely the result of contemporary paranoia about what was, anyway, the genuinely devastating effects of fire on the largely wooden built properties of urban centres. Arson had long been a vital component of the test cases on which common law governing the detention of lunatics was based<sup>217</sup>. Thus,

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& 2 March 1653, 24 Oct. 1656, 4 Feb. & 27 Oct. 1676, 7 Sept. 1683, 1 July 1726 fols 76, 94, 239, 248, 256, 285-6, 587, 597, 769-70, 214, 217, 278, 299, 92; cases of Amy Quarles, Mary Houlstan, Elizabeth Braughton, Bridgett Smith, Mary Rawlinson, Susan Newell, Elizabeth Deane, William Lane, Gilbert Miller, Elizabeth Newland, Jane Deakin, Mary Harper; *GLRO LSM.22*, 5 July 1667, case of William Holland; *GLRO CA.Rep.143*, 8 May 1739, fols 286-7, Martha Walker.

<sup>213</sup> See e.g. cases of Sarah King, Mary Cowell/Cowley, *BCGM*, 4 Oct. 1654, 7 Feb. 1655, 22 Sept. 1682, fols 675, 692, 694, 328; & Susanne Wallis alias Wells *ibid*, 6 May, 4 & 25 Nov. 1663, 16 Dec. 1664, 28 Sept. 1666, 11 Sept. 1667, 25 Nov. 1668, 22 Oct. 1669, 3 Nov. 1670, 7 Sept. 1671, 10 Oct. 1672, fols 45, 47, 76, 79, 125, 9, 60, 117, 171, 240, 338 & 449; & *GLRO LSM.41*, 14 Oct. 1672.

<sup>214</sup> Not all were committed, however. Contrast e.g. cases of James Williams & Elizabeth Betteridge, *ibid*, 22 Oct. 1662 & 2 July 1675, fols 17 & 141.

<sup>215</sup> See e.g. Mark Jenner's forthcoming *Oxford* MPhil.

<sup>216</sup> *GLRO CA. Rep. 154*, 24 April 1750, fols 252-3.

<sup>217</sup> Allderidge, 'Cycles in the care of the insane'.

numerous accusations of this nature against the insane are perhaps only to be expected given the need for substantive evidence for arrest and confinement to be legitimised. On the other hand, the insane were not merely apprehended or admitted to Bethlem 'for threatening to burne houses' or 'for wishing the Cittie on fire', but often seem to have gone through with their threats, as did Elizabeth Tarleton, committed in 1656, having 'sett fire last night on faggotts dangerously'<sup>218</sup>. That this was so common a recourse, especially of female offenders, offers basis for an argument concerning the potency of fire as a weapon for individuals in the most impotent and alienated circumstances. Mental disorder appears to have been recognised as apt to convert the more specific antipathies associated with normalcy and represented by threats to burn down the property of neighbours and landlords, into the indiscriminate and disproportionate hostilities signified by threats against the entire neighbourhood and city<sup>219</sup>. Setting fire to one's own property was even more obviously crazy to contemporaries. Christopher Symmonds, on the other hand; admitted for the third of six times to Bethlem, in 1659; combined both pathological signs, by 'threatning & endeavouring to fyre his owne & his neighbours houses'; but was committed to the Counter, Newgate and Bridewell, where his prosecution as a felon was prepared for; before the Bridewell Porter averred that 'hee is distracted', his churchwardens obtained the Physician's certificate to this effect and he was transferred to Bethlem<sup>220</sup>. Those designated as insane represented only a minority of those accused of arson (or the intent), of course, and one should not presume that the merest inklings of pyromania were sufficient grounds for detention at Bethlem. Shortage of space for, and a certain breadth in responses to, such offenders, in this period, meant that while some were sent to Bethlem, many more were sent to Bridewell and other prisons, and most were simply discharged<sup>221</sup>. Even in the eighteenth century, as the provision for the confinement of such offenders grew, and tolerance for them declined, a street preacher whose response to being 'reproved' by the 'disturbed...Inhabitants' of Greenwich, was to declare that 'he would burn their Houses', might still be discharged when

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<sup>218</sup> For both the threats and the deeds, see *BCGM*, e.g. 17 April 1644, 31 March 1652, 15 Feb. 1656, 16 June 1682, fols 101, 307, 539, 736 & 307; cases of Mary Houlstan, Susan (Suzan) Mountain (Mountayne), Tarleton, Thomasin Withers.

<sup>219</sup> Anne Hearne, nevertheless was simply set to work, without any suggestion of insanity, for 'threaten[ing] to fire the houses of the Inhabitants of greate St. Bartholomewes'; *Ibid*, 24 Dec. 1657, fol. 838.

<sup>220</sup> See *BCGM*, 20 & 27 April 1659, fols 126, 129-30; *Ghall MSS 4215/1*, 1659-60; *4216/1*, fol. 156.

<sup>221</sup> See *Ibid*, 17 May 1644, 5 May 1652, 19 Jan. 1655, 17 Dec. 1656, 28 Jan. & 24 Dec. 1657, 19 Dec. 1677, 5 Dec. 1679, fols 101, 544, 688, 776, 783, 838, 442, 117, cases of Mary Houlstan, Elizabeth Williams, Anne Bagelly, Joseph Cooke, Hannah Mumford, Anne Hearne, William Pawlett, Richard Capps.



hauled before a justice if found 'disordered in his Senses'<sup>222</sup>.

Macdonald has described how profoundly irrational the wanton destruction of property, whether of the individual, or of others, appeared to contemporaries; representing as it did an attack on the material basis of social status, and marking the offender out as cut off from or at odds with, his attachment to the household or a wider social identity<sup>223</sup>. Assaults upon property were particularly threatening to the poorer classes, property constituting rather more deeply the very stuff of life and subsistence; signifying personal or collective dignity and security, and constituting the foundation of a whole range of social gradations on a scale of vulnerable wealth, above and below the poverty line. Damage to property, whether adjudged criminal or insane, thus tended to meet with more severe preventative or punitive action. A large number of those committed to Bethlem were (as Macdonald found with Napier's cases) those who had damaged 'items of conspicuous consumption', like windows, or furniture, which so powerfully denoted the prosperity and *locus standi* of contemporaries<sup>224</sup>. Glass windows were not only a rare luxury at Bethlem, they were also a distinguishing mark of social standing in society at large, and an easy and obvious target for the estranged or resentful outsider. Although, in 1693, for example, St. Botolph Bishopsgate went to considerable expense releasing Henry Bates, 'a Lunatick' porter, and an ex-citizen and grocer of the parish, from the Poultry Counter, where he had been imprisoned for debt by his landlord; relieving him and his family, and passing him and his goods to St. Georges Bottolph Lane; it was not until Bates had 'done A greate of Mischiefe to' 'Mr Smith the Millener Mr Ware And severall other the Inhabitants...by brakeing their windows And Afronteing every one that passed him', that porters were hired 'to bind Him & Carrie him to the Stocks Markett', from where he was 'sent...to Bethlem'<sup>225</sup>. Destruction of

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<sup>222</sup> LEP, No. 3905, 7-9 Nov. 1752.

<sup>223</sup> See 'Popular beliefs about mental disorder', 154.

<sup>224</sup> See *ibid*; & e.g. cases of 'old' Mrs Winter, of St. Bride, whose admission to Bethlem was sought 2 weeks after the death of her daughter at a London hospital, but not achieved for another 3-4 months, 10 weeks after the churchwarden recorded a payment for 'mending' a parishioner's 'windows broak by Winter Distracted'; or of Joseph Gilling, an apprentice to a Bishopsgate hempdresser, whose nursing by a parishioner, following his discharge from Bethlem in 1700, was soon curtailed by his having 'much damnified' the windows of his former mistress & his 'Spoyleing [the] things' of his nurse, for which he was tried & subsequently committed to Rhoden's Moorfields madhouse. See *Ghall MSS 6552/2*, 1 July-12 Nov. 1686; *4525/21*, fols 81, 136, 144 & 153; & *4525/22*, fol. 54; & *BAR*, fol. 278.

<sup>225</sup> Bates's case is a good example of how effectively a combination of the records of parishes, Sessions & the hospital, may allow the historian to reconstruct the process of referral to Bethlem, & the course and effects of mental disorder in the lives of poor individuals & their families. It also demonstrates how the burdensome insane were liable to be shunted about from parish to parish. Bates was the son of a grocer of Bishopsgate, & had a shop in the parish at £10 p/a and a lodging at £4 p/a during 1684-5; a wife called Mary, & 2 children. By 1689 he

one's own property was even less comprehensible, and, as Macdonald has admirably described, full of dangerous signification. Macdonald quite rightly emphasised the importance of dress in this period as a symbol of social status and civilisation; how profound and irrational an abnegation of that status and civilisation was conveyed by those who tore or cast off their own clothing; how deeply nakedness and dishevelled attire was associated with lunacy<sup>226</sup>. Widow Davies was deemed dangerously insane and transferred from Bridewell to Bethlem in 1638 because she 'doth teare her cloathes off her backe and soe misuse those that come about her that none will take upon them to keepe her since Elizabeth Pinfold was taken from her'<sup>227</sup>. For the poor, of course, clothing was a valuable resource of subsistence, preserving them from the winter cold and illness, and a commodity that might be bartered or exchanged, regularly being pawned in situations of necessity. Its destruction could be seen as little more than a senseless waste. Madmen or mad-women who destroyed or threw away their clothing, were conceived as abandoning all distinction from the beast; indeed, lunacy was often depicted as blending with wanton sexuality. In denying their covering, the mad were seen to have denied the distinguishing cloak of reason; and their mental disorder was often spoken of in metaphors of material deprivation, as a denuding of intellect, a stripping of their mental faculties. Yet nakedness was also a powerful and damaging affront, provoking embarrassment and shock to both family and strangers, an outward manifestation of infirmity that could not easily be hidden, and contemporaries often deeply lamented the embarrassment their insane kith and kin caused them in terms of their 'exposing themselves' and the family to others<sup>228</sup>. Patients were occasionally those who had damaged or destroyed the property in which they had previously been lodged, while Bethlem

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had lost this shop, & was lodging with a Thomas Martin, in St. Mary Woolnoth, whose churchwarden attempted to procure employment for him by obtaining his admission to the Society of Porters. In 1692, however, he was passed to St. Botolph Billingsgate (a year prior to his admission to the Society), where he fell behind in his rent of a lodging house in Botolph Lane. Bates & his family had, in fact, been passed to Bishopsgate subsequently, from Billingsgate, while he was still in prison for this debt, & after these parishes & St. George Botolph Lane, had disputed over his settlement, the Bates's being once again a burden on the parish rates. He was admitted to Bethlem c9 Aug. 1693, but may have had a previous spell in Bethlem a decade earlier, a Henry Bates being discharged on 4 May 1683. See *Gldhall MSS 4525/14*, fols 98-101, 133-5; *4525/15*, fols 91, 94-100, 128 & 198; *951/2*, 1692-4 churchwardens' accounts; & *2836/2*, 19 March 1693; *London Sessions Minutes GLRO MS SM63*, 5 May 1693, & *London Sessions Papers*, for 1693; *BAR*, fol. 4.

<sup>226</sup> Macdonald, 'Popular beliefs about mental disorder', 154-5.

<sup>227</sup> *BCGM*, 22 Aug. 1638, fol. 193. See, also, case of Joseph Read, a 9 year old boy, described as 'very mischievous will not wear any Cloaths', & admitted to Bethlem at the request of his father in 1776; *ibid*, 12 Dec. 1776, fol. 545.

<sup>228</sup> See e.g. Andrews, 'In her vapours', *Hist. Psy.*, 135 & 141, note 82.

sometimes served as a more secure holding facility for individuals who could not be contained in former places of confinement<sup>229</sup>. The parish 'cage' had long been the staple facility available at a local level to confine the dangerous and destructive insane, and while any lock-up might do temporarily, admission to Bethlem was often the next step deemed appropriate. Individuals like Wadley, of St. Bride (1687), were occasionally 'putt into the Cage till he can bee gott into Bethlehem', while others, like an anonymous 'madd-woman' of St. Botolph Bishopsgate (1632), might be kept 'in ye lodge', while 'a warrant' was obtained 'to gett [them]...into bedlam'<sup>230</sup>.

Individuals were not only committed to Bethlem for damaging property, of course; they were also frequently admitted having been caught stealing. While theft might also be regarded as 'damage', rarely was the act of thieving itself conceived as motiveless or irrational by contemporaries. Indeed, insane thieves were more likely to end up in a Bridewell, or prison, than in Bethlem<sup>231</sup>.

The intense hierarchical structure of early modern society allowed little scope for those who abused that hierarchy and, either by words, demeanour or deed, gave offence above their station. By contrast, however, the profound heterogeneity of society abroad, and the accessibility and proximity of those of a noble and royal blood to the general populace, provided an obvious and powerful incitement to the ambitious, the extrovert, and the insane. Indeed, there are clear, but little investigated rationales, within the distinctive social, political and cultural composition of early modern England, which serve to explain why so many contemporaries were committed to Bethlem believing that they were the Emperor, the King, the Queen, etc, or for being troublesome within the verge of the royal palaces; and why comparatively so few amongst the mentally

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<sup>229</sup> See e.g. case of Richard Hutton, transferred from Tuthill Fields Bridewell to Bethlem in 1670; *PRO LS.13/104*, fol. 46.

<sup>230</sup> See *Ghall MSS 6554/2*, 2 Nov. 1687, & *4525/2*, fol. 5. Although the cage was employed for a wide range of sick or pregnant persons, it seems to have been more commonly reserved for ill/mad strangers, vagrants, & those whose settlements were in dispute, or whose connections with the locality were tenuous, & to have had a rather punitive connotation. See e.g. cases of Joan Richardson, maintained for at least 3 weeks 'in the Cage' of St. Bride, 'being distracted', until her case had been settled at Sessions & she had been passed; & a journeyman tailor, 'who either was or pretended to be mad', but having 'abused the Parish Officers' & 'cut down' the workhouse bed where 'he was confined', was 'sent...to the Cage' 'in order to punish him'; *ibid*, *6552/2*, 26 May & 5 June 1683, & *LEP*, No. 3817, 4-7 April 1752.

<sup>231</sup> See e.g. cases of Joseph Price, a silk stocking knitter, arrested and committed to Bethlem in 1699 after stealing the lining out of the churchwarden's pew, although originally delivered back to his parish on 'makeing Good the damage done'; John Bull, admitted to Bethlem in 1709, a few days after being arrested and sent to Bridewell 'for pillering fower pewter plates...w[hi]ch he sold'; John Tucker readmitted for a third time to Bethlem in 1747 (as an incurable) from the Compter, & Anne Bassett, mentioned *supra*; all of St. Bride; *BCGM*, 10 Aug. 1649, 27 Jan. 1699 & 24 Nov. 1709, fols 392, 237 & 517; *BAR*, fols 261 & 162; *Ghall MS 6522/3*, 26 Nov. 1709-14 July 1711; *6552/4*, fol. 193, 235-6; *BIAR*.

ill of today attempt (or gain) access to the Queen's bedroom, or assume other like pretensions. This was an age when the power and person of the Monarchy were immanent within the public sphere; when contemporaries felt their relation to monarchy much more acutely; when individuals were much more likely and able to refer the confused riddle of their identities and their out of focus grievances to the ultimate authorities; when self-proclaimed correctors of the public morals, like Alexander Cruden, might indeed gain an audience with, and kiss the hand of, the Monarch<sup>232</sup>; when royalty not only visited Bethlem, but presided in Council over the committal of the insane to Bethlem and elsewhere. I have only space here to suggest a few of the avenues available for debate.

The insane were clearly more likely to be recognised as dangerous, admitted to Bethlem and confined there for prolonged periods of time for bothering notables than for bothering their families or neighbours (particularly given the hospital's identity as a royal and city institution). There was often very little, however, distinguishing individuals like Mary Harris, committed to Bridewell twice during 1691-92; initially by her churchwardens, for 'being a troublesome [or 'vexatious'] p[er]son' and 'for breaking the windowes of M[r] Smith Churchwarden' of her parish; and latterly, 'for being very Disturbfull [or 'Troublesome'] & sending Letters to S[i]r Robert Jefferys [the President of the hospitals] every Day'; from numerous of those individuals sent to Bethlem by the Privy Council and the Board of Greencloth<sup>233</sup>. Such behaviour, whatever its legitimation, was already considerably negated in the eyes of governing society by its upsetting of the prevailing order; prior to any judgment concerning its rationality, it was already essentially irrational.

The Board of Greencloth's jurisdiction was primarily concerned with infractions of the peace committed within the verge; i.e. within a twelve mile radius of wherever the royal court was residing, in particular, the royal palaces of Westminster, Whitehall, Windsor and St. James's, and the royal parks<sup>234</sup>. This was, obviously, a highly sensitive, politicised region. It was here that royalty and nobility were most accessible, but, also, most wary of trespass and infringement.

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<sup>232</sup> Cruden presented a 2nd edn of his *Concordance* to the King in 1761. See *GM*, vol. 31, 601.

<sup>233</sup> *Ibid*, 22 May & 24 July 1691, & 23 June & 7 July 1693, fols 123, 133, 251 & 253.

<sup>234</sup> The Board also dealt with disputes and offenses amongst members of the royal household, & its function was closely allied to that of the Lord Steward's Court, concerned mostly with bloodshed within the palaces, and the Court of the Verge, which was set up whenever required by a special commission of oyer & terminer. Although owned by the crown, the royal parks were used by a large and motley crew of the general populace; entrances and passages through the walls of the parks and palaces also allowed limited freedom of access for the public, while ancient rights of immunity attached to the special jurisdiction of the verge, made it a sanctuary and hideaway for debtors and other offenders.

It was here, too, that hierarchy was arrayed at its ultimate pitch, and here that hierarchy was most vigilant of any affront and most fearful of disaffection and threats, whether real or potential. Table 6q details the reasons for the committal of 41 patients supported by the Board of Greencloth in Bethlem during 1670-1751<sup>235</sup>. Nearly half of those committed to Bethlem by the Board had been guilty of intrusion and unspecified 'disorderly', 'troublesome' and 'offensive' behaviour, at the royal palaces, or towards the royal court. Only three of those committed had been guilty of actual physical assault upon members of the royal household; two of whom had wounded guards at the royal palaces, the other having thrown an orange at the King in St. James's Park<sup>236</sup>. It was the station of the individuals assaulted that made such acts particularly threatening and likely to result in the incarceration of the offender, but it was the fact that they were deemed to be committed 'without any Provocation' that suggested their issue from a 'discomposed & disordered...Braine'<sup>237</sup>. Most patients sent from the Board, however, were committed for merely threatening violent acts against royalty, or members of the royal household, or because considered 'in a distracted condition *apt* [my italics] to do mischief', with a mind to 'ye prevention of any danger or mischeife that may ensue'<sup>238</sup>. While Matthew Pugh/Pew was committed to Bethlem, in 1754, having drawn his sword in St. James's Chapel, Alexander Hatton was apprehended and sent to Bethlem, in 1762, having been caught 'behaving in such manner as to give Suspicion [of]...some ill Design'<sup>239</sup>. It was language, as much as behaviour, which identified individuals as insane and a danger in this period. Words, whether uttered or written, were particularly threatening when hostile to royalty or the ruling elite, even more so if uttered or published within close proximity of the royal household; sufficient, if discovered or overheard, to issue in charges of treason and to result in confinement and severe, if not capital, punishment. The treasonable intent of the mad was doubly dangerous because it was unpredictable. While only three individuals were committed to Bethlem by the Board during

<sup>235</sup> For this discussion, see esp. *BARs*; *PRO LS.13/86-8*, *13/104-6*, *13/114-5*, *13/171-9*.

<sup>236</sup> *BAR*, warrant dated 18 Aug. 1684; *PRO LS.13/104*, fol. 94, 12 Jan. 1678; *13/176*, fol. 27, 18 April 1715; cases of Captain White, Richard Harris & Edward Price.

<sup>237</sup> *BAR*, as *supra*, case of Capt'n White.

<sup>238</sup> E.g. *PRO LS.13/104*, fol. 90, 4 Dec. 1677; *13/105*, fols 53-4, 11 June 1688, 7 Jan. 1689, cases of Nicholas Valiant, William Norris, John [Jean] Stafford.

<sup>239</sup> Pugh died in Bethlem 3 years later, while Hatton was transferred to the incurables wards in 1764 where he perished the following year. See *Ibid*, *13/179*, fol. 17, 2 Aug 1762; *LEP*, Nos 2804-5, 23-29 Oct. 1745; *BARs*, fols 255, 223, 17 & 193.

1670-1762 after delivering letters, petitions or pamphlets, displaying enmity towards the King or the ruling lords, a good many more were confined at the hospital under orders from the Privy Council and other government bodies and ministers for their mad and treasonable words<sup>240</sup>. It is in such cases that committal appears most emphatically politicised and designed to nullify not just the threat, but the very dissidence, of the insane, rather than to cure the insane; and that cure itself becomes a matter of abandoning opinions hostile to hierarchy. Bethlem was clearly not used by the government, however, as a mixed institution, in the same way as were mental institutions like the *Bicêtre* and *Salpêtrière* in France, although parallels may certainly be drawn, and the hospital had little choice but to receive government cases for as long as the government deemed necessary<sup>241</sup>. Whereas, as Ackerknecht found with respect to most of the political prisoners in French hospitals, many of those patients in Bethlem 'were unknown individuals' who had directed inimical remarks at the ruling regime, few (if any) 'owed their captivity' to this eventuality alone; while, unlike the mixed institutions of early modern France, internment in Bethlem *did* 'imply insanity'<sup>242</sup>.

As outlined in chapter 2, nevertheless, the Privy Council and the Board of Greencloth often attached special instructions to their warrants for the committal of individuals to Bethlem and Bridewell which made explicit the intention of silencing their dissent, whether deemed vicious or mad. The Bethlem Governors and keepers were commonly instructed to 'secure' a patient; 'not [to] permitt' a patient 'to goe abroad without Order from the Board', or to forbid 'any' visitors 'to have Access unto [a patient] or [to] speake with him'<sup>243</sup>. Egbert Lamborn was committed to Bethlem by the Board of Greencloth in 1761 under orders to be kept in 'close Confinement he appearing to us a Desperate Lunatick', 'for having delivered within the Verge of the Court Letters of a most heinous Nature acknowledged to have been written by himself', and Lamborn was to spend the remaining 35 years of his life in confinement as a result (over 32 of which

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<sup>240</sup> See e.g. case of Edward Harris, initially sent to Newgate 'for Treasonable Expressions', but subsequently found 'disorder'd in his Senses and transferred to Bethlem by command of the Secretary of State; *BSCM*, 22 Jan. 1732, fol. 187. He was discharged 17 months later.

<sup>241</sup> Warrants from government bodies committing patient's to Bethlem were standardly framed in terms which powerfully expressed this compunction; e.g. 'not doubting of your Compliance'.

<sup>242</sup> See Erwin H. Ackerknecht, 'Political prisoners in French mental institutions before 1789, during the Revolution, and under Napoleon I', in *Med. Hist.* (1975), vol. 19, 250-55; also, Jan Goldstein, *Console & Classify. The French Psychiatric Profession in the Nineteenth Century* (Cambridge, CUP, 1987), esp. 281, 351-4; Foucault, *Madness & Civilisation*.

<sup>243</sup> See cases of Thomas Dunn, Richard Day, Richard Stafford, *PRO PC 2/50*, fols 549 & 594; 28 July & 13 Aug. 1639; *2/58*, fol. 36, 8 Feb. 1665; *2/59*, fol. 271, 16 Jan. 1666. For Stafford, see *infra* & chapter 2.

were spent in Bethlem)<sup>244</sup>. Those living, working or otherwise active, within or near the royal household had to be especially careful of their words if they were to avoid arrest, although it was the apparent illogic and motivelessness of the 'treasonable words' of individuals like Nicholas Valiant, one of the King's footmen, who had been overheard 'saying he had rather kill the King than my Lord of Pembroke', that identified them as mad<sup>245</sup>. Likewise it was Edward Purcell's inability to 'allege any Provocation', for the petition he delivered to the King 'against his Grace [James] the [1st] Duke of Ormonde' and for repeatedly threatening 'to take away the life of' the Duke; and certain unspecified 'extravagant Discourses', which ensured his committal and continuance at Bethlem. Purcell was to spend over five years in confinement as a result of this petition and his case is worthy of more detailed attention<sup>246</sup>.

Committed initially to the Tower by the Privy Council, Purcell was transferred to Bethlem on 28 November 1672, on information that he had 'committed severall Extravagances to that degree, that sufficiently argue him to be distracted'. Later testimony from Purcell's 'Gaoler' and the Lieutenant of the Tower was more explicit about these 'Extravagancies', claiming that Purcell had often threatened to kill the Duke 'if ever he were at Liberty'; that Purcell 'was sometimes civill but oftner extravagant in his discourses', and that 'a very small quantity of any strong drinke would [suffice to] put him into those mad fitts'. What may have lain at the root of Purcell's resentment, however, is suggested by his Irish extraction; the aid of an Irish friend, Gerrard Bourne, in suing for his release, and Ormonde's unpopular activities as Lord Lieutenant of that kingdom<sup>247</sup>. Moreover, Ormonde's position as a member of the Privy Council and his presence at most of those sessions which dealt with Purcell's case could not have tipped

<sup>244</sup> *PRO LS. 13/179*, fol. 12; *BSCM*, 12 Sept. 1761; *BAR*, fol. 181; *BIAR*, fol. 46.

<sup>245</sup> *PRO LS. 13/104*, fol. 89.

<sup>246</sup> For this discussion, see chap. 2; *BCGM*, 22 Jan., 25 March, 23 April, 7 & 28 May, 17 July & 7 Aug. 1673, 11 & 19 Feb., 6 March, 7 Aug. 23 & 30 Oct. & 20 Nov. 1674, fols 474, 491, 498, 502, 509, 427, 548, 612, 616, 620, 25, 50 & 61; *PRO SP. 44/34*, fol. 200; *PRO PC 2/64*, fols 187-8, 190, 307 & 321; *PC 2/65*, fols 189, 254 & 486; *PC 2/66*, fol. 86.

<sup>247</sup> There was much to take issue with in Ormonde's conduct of Irish affairs (or the representation of it by his political opponents), particularly if one was a Catholic. E.g. Ormonde's support of the Act of Land Settlement in Ireland; his billeting of soldiers on Irish civilians and imposition of martial law in 1667-8, & his management of the Irish revenues which was to be the root of his downfall in 1669. Although dismissed as Lord Lieutenant of Ireland in 1669, Ormonde continued to be involved in Irish affairs, opposing the petition of the Irish Catholic gentry for a repeal of the Act of Settlement in 1671. Purcell may even have been encouraged by the almost successful attempt by the nonconformist, Thomas Blood, to murder Ormonde at the end of 1670. See Ronald Hutton, *Charles the Second. King of England, Scotland and Ireland* (Oxford, Clarendon, 1989), esp. 147-9, 173-5, 196-201, 260-61 & 275 & *DNB*, 52-9. Ormonde was subsequently to be elected a governor of Bethlem, making his first appearance at the Court of 16 Feb. 1677; *BCGM*, fol. 334.

the scales of justice in the prisoner's favour. Within two months of his committal to Bethlem, Purcell had been certified 'well recovered' by the Physician, and the hospital was to spend the next 22 months repeatedly striving to obtain his removal by the Privy Council. Purcell's subjection to restraint at Bethlem as 'a wild desp[er]ate & dangerous p[er]son' after the failure of the first attempt (see chap. 2), and an apparently rambling testimony when examined before the Privy Council, on the second attempt, do indeed suggest a degree of mental instability. On the other hand, Ormonde's influence and the evidence of Purcell's former gaolers, must also have weighed firmly against him, while there is no explicit evidence after January 1673 that the Bethlem authorities considered Purcell an appropriate patient. On the contrary, in August 1674, the hospital was suing for Purcell's removal for a third time, and informing the Lord Keeper in no uncertain terms that Purcell's continuance there was a 'grosse misdemean[our]' and actually 'how daingerous' it was. The Council had and continued to insist on Purcell finding 'sufficient Suretys for his good Behaviour', but as Purcell was later to testify, he was without 'any ffrriends here to bayle him'. Unable to persuade Purcell to agree to transportation and no less anxious about 'ye Danger of Allowing this Person Liberty', the Council finally removed Purcell from Bethlem to Newgate, in November 1674. After another year and a half in Newgate, with his prolonged confinement telling on his health (although he had obtained a government allowance of 5/ per week), Purcell made a grovelling submission to the Council, repudiating his former petition against Ormonde as the 'senselesse' product of a 'disturbed minde'; expressing his 'heartly sorrow for his Transgression'; appealing to the King's 'compassion' and 'Charity' for his 'sicknes, want, and...misery' and requesting his removal to St. Barts. Purcell's request was granted by the Board, and within eight months he had been 'cured' and set at liberty by St. Barts. No notice, however, having been given by Barts and Purcell still having failed to provide security, the Irishman was back in Newgate in February 1677, and it was only when Purcell had been reduced to the brink of perishing by another five months in Newgate and had finally agreed to the ultimate earthly exile of transportation, that his confinement was at last brought to an end by the Privy Council. It was, perhaps, not insignificant that the order for Purcell's banishment specified 'Ireland', as well as 'this kingdome'.

While the exact nature of the language and circumstances which ensured the confinement of Purcell, Valiant and Lamborn, as dangerously insane remain hidden from the historian, the picture is much clearer in the case of the Jacobite Oxford graduate, and student of law and divinity, Richard Stafford, whose tracts were published and remain extant for perusal<sup>248</sup>. I have

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<sup>248</sup> For the following discussion, see esp. *BAR*, fol. 140; *PRO LS.15/105*, fols 69-70, 73; O'Donoghue, *Story of Bethlehem*, 241-2 & 406; Wood, *Athenae Oxoniensis* (1967), iv, 781-2; Foster, *Alumni Oxoniensis*; iii, 1405; *Bod. MSS Rawl.* iii, fol. 298 & iv, fol. 186; *DNB*, vol. 53, 459. Stafford's own tracts are too numerous to name in full, but see esp.: *A Clear Apology and Just defence of Richard Stafford for himself...* (London, 1690); *A Supplemental Tract of Government...* (London, 1690); *A Petition of Richard Stafford Prisoner in Bethlehem*



described already (chapter 2) how the government attempted to silence Stafford whilst he was confined in Bethlem. Although Stafford's confinement was much shorter than Purcell's (lasting little more than eight months), in a much more overt way than Purcell, Stafford was required to recant his subversive opinions in a petition to the Secretary of State; 'to beg Their Majesties Pardon, for [his]...Offence'; and to promise 'never...more [to] come within the Gates of White-Hall or Kensington Court. Nor [to]...Write and Publish any thing more against the Government', before he was granted his release from Bethlem on 22 June 1692<sup>249</sup>. Whereas Stafford rather exaggerated in alleging, subsequently, that this declaration had been 'forced and extorted' from him 'by Grievous foregoing Bondage and Oppression', and his identification with Judge Jenkins and the prophet Jeremiah smacks of delusions of grandeur, his arguments also clearly contain legitimate pertinence. While his tracts are profoundly self-referential, full of delusive hubris and contradiction (e.g. Stafford's claim to be 'a Scribe of Jesus Christ' and to 'speak nothing of myself, but from his Word only'), they are far from the 'violent and incoherent tirades' that O'Donoghue dismissed them as<sup>250</sup>. Indeed, Stafford gave quite cogent and powerful expression to a deep felt anger and pious sense of injustice at the 'Glorious Revolution' which was shared by a wide range of his contemporaries, and which helps to explain why the Jacobite prisoner gained such an audience for his utterings, both without and inside Bethlem, and why his allies went to such lengths to hear and publish these 'tirades' (see chap. 2). Prior to his incarceration in Bethlem, Stafford was responded to quite seriously and without slurs of insanity by the government publicist Edward Stephens<sup>251</sup>. Stafford also made insightful observations about the way in which insanity could be used to discredit dissent, and the wider implications of such 'imputations', finding plentiful support from Biblical quotation, and intelligently turning the

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*Hospital, directed to the Lords and Commons in Parliament assembled* (undated; London, c1691); *The Printed Sayings of Richard Stafford a Prisoner in Bethlehem Hospital, parts i & ii* (undated; London, c1691); *Things Plain and Weighty, Referred Unto the Consideration of both Houses of Parliament...* (London, 1691); *The Truth which God hath shewn unto his Servant Richard Stafford...* (London, 1691); *To the Lords Spiritual and Temporal, and to the Commons of England assembled at Westminster...* (London, 1693); *Because that to many People, I have seemed to falsify my Word and Promise, which I made upon my being discharged out of Bethlem Hospital...* (undated; London, c1693), & *The Mystery of Iniquity somewhat laid open...* (undated; London, c1693).

<sup>249</sup> This was two days after Stafford claimed his petition was presented. For the full text of the declaration, see *Because that to many People...*, 1-2.

<sup>250</sup> O'Donoghue, *Story of Bethlehem*, 241; Stafford, esp. *The Mystery of Iniquity, & A Clear Apology*, *passim*, & 12, for quote.

<sup>251</sup> See Edward Stephens, *An Apology for Mr R. Stafford with an Admonition to him and other honest mistaken People...* (London, 1690).

mirror on his accusers<sup>252</sup>.

On the other hand, as much as his case highlights how profoundly confinement at Bethlem and insanity itself could be determined by the world of politics, it does seem that, under the circumstances, Stafford was treated with remarkable leniency. In an undated letter from Dr. Richard Kingston to Sir William Trumball (but probably circa 1695 and almost certainly after Stafford's release from Bethlem); written the day after the appearance of another of his 'treasonable pamphlet[s]'; it was alleged that Stafford had only 'escaped' more 'trouble' than he had already been in 'for such practices', because he had 'a father in the Government and persons of quality his relations in both Houses' who had, 'to save his life, represented him as a madman'<sup>253</sup>. The government could not easily have ignored Stafford's assaults, which were repeatedly delivered right under their very noses at Westminster and Kensington, particularly in the highly sensitized and insecure political climate of the 1680s and 90s. Yet, his banishment and general treatment were much less severe than Purcell's (despite the much more vehement and sustained nature of his sedition). Undergoing merely a week's imprisonment in Newgate and a common law indictment for the first of the anti-government pamphlets he had delivered to the sitting parliament in 1689; likewise, he was merely detained for another three weeks, had his chamber searched and was handed over to the custody of his father in Gloucester, on delivering copies of another two tracts to the members of the Commons. It was only after publishing three more pamphlets and returning to London two and a half years later to distribute them around the Queen's Court, that, on 4 November 1691, Stafford was committed to Bethlem. Furthermore, although banished for a second time to his father's safe-keeping at Gloucester on his discharge, and although the government appear to have ordered 'several Printers' not to publish any of Stafford's future productions, Stafford continued to find means of publishing dissension (despite his former assurances) and to escape further imprisonment or punishment, for the remaining twelve years of his life. This, itself, however, suggests how effectively the taint of insanity had negated Stafford's discourse. With the majority of those whose opinion mattered convinced, after 1692, that Stafford was insane, and with the succession more secure, no doubt the government could better afford to ignore the threat posed by the Jacobite 'scribe'.

The majority of government detainees in Bethlem, nevertheless, were committed and discharged without special instructions designed to ensure their silence. The hospital might even be enjoined to treat such detainees 'as well as that Place will afford', while, more commonly,

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<sup>252</sup> See esp. *A Clear Apology...*, 6, 10-11.

<sup>253</sup> *H.M.C. Report of the MSS of the Marquess of Downshire* (London, HMSO, 1924), vol. i, pt ii, 601; *Downshire MSS 1.2 xxx*, fol. 94. Stafford's father, John Stafford Esq., was the nephew of Sir John Stafford, constable of Bristol Castle & grandson of William Stafford, also a pamphleteer & a moderate parliamentarian.

both the Privy Council, the Board of Greencloth and other authorities, left it to the hospital to 'take care of [patients] in the same manner as' was 'usuall' or 'customary' in cases of 'persons' in the same 'Condition'<sup>254</sup>. Many of these individuals appear to have been 'frequently' or 'for sometime very troublesome to their Majestys Court', and 'for a long time' to have 'shewed' themselves 'to be distracted', before their confinement at Bethlem was instigated, suggesting a modicum of tolerance for the behaviour of the insane, even in the most sensitive areas<sup>255</sup>. Granted, the formalised nature of the Board's warrants of committal undermines the significance of such language, which was anyway extremely rhetorical, often concealing more than it revealed about the exact nature of the nature of such individuals' behaviour. Occasionally, however, the Board's records are more explicit in this regard. Deborah Lydall, for example, was deemed to be dangerously insane to a degree warranting her confinement in Bethlem, in 1677, not so much because she 'doth frequently intrude herselfe into St James's Parke where shee hath com[m]itted severall disorders', but more 'p[ar]ticularly' because she 'tooke a Stone offering to throw it at the Queene, and upon Exam[inacio]n before Us [the Board] by her whole Carriage, & deportm[en]t appears to be a woman distracted'<sup>256</sup>. Likewise, over a two year period or more during 1676-8, Mary Cogan (Coughlane/Cogland) had 'often byn warn'd' to avoid the Royal Court and turn'd out of the Gates' of both Whitehall and St. James's, where she was said to 'dayly' or 'continually committ...severall great disorders'; and, being considered merely 'a Counterfeit' and 'a very rude & disorderly Woman', had once already been confined in Tuthill Fields Bridewell; before she was declared to have been 'for some space of time much distracted' and committed to Bethlem. Furthermore, her admission was justified not only 'for prevention' of 'the like Offences', but also in order that she might 'be put into a way of recovery'<sup>257</sup>. Not all those designated as mad and 'troublesome & offensive' within the verge were bound to be con-

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<sup>254</sup> See e.g. *PRO SP.44/34*, fol. 200; *PRO LS.13/104*, 73; cases of Edward Purcell & Peter Massey.

<sup>255</sup> *PRO LS.13/104*, fols 73, 79, 90, 94; 29 Sept. 1675, 1 July 1676, 4 Dec. 1677, 12 Jan. 1678; *13/105*, fols 4, 6, 34, 79, 87; 18 May 1685, 28 Jan. 1687, 19 Dec. 1693, 20 Jan. 1697; *13/171*, fol. 376; *BAR*, 3 July 1700; cases of Peter Massey, William Wenham, Nicholas Valiant, Richard Harris, Thomas Brookes, Mary Gammon, Edward Osburne.

<sup>256</sup> *PRO LS. 13/104*, fol. 90. Others found 'Lunatick' & merely to 'infest & disturb' a royal palace, might simply be conveyed into the custody of their churchwardens 'to be...taken Care off according to Law & usuall Custome', as was William Bodyman, in 1711; *ibid*, *13/175*, fol. 85. Carriage & deportment were particularly important as signposts of madness in this period. When attempting to vindicate himself of the charge of madness, for example, Richard Stafford had stressed the absence of 'Extravagancy' in his 'Deportment', & the placidity and quietude of his 'voice' and entire 'manner'; *The Mystery of Iniquity*, 3.

<sup>257</sup> *PRO LS 13/86*; *13/104*, fol. 95; *13/171*, fol. 356.

fined at Bethlem or elsewhere without hope of reprieve. John Pomfret, for example, was on the brink of being committed to Bethlem by the Board under these circumstances, in 1731, when, on noticing 'His Madness going off[f]', the Board discharged him out of their custody<sup>258</sup>. Indeed, the character of the hospital was defined not just by those individuals who were admitted to it, but also by those who were not sent, were rejected, reprieved or sent elsewhere.

Those who disturbed and offended their family, neighbours or ordinary citizens, were, predictably, much more common amongst committals to Bethlem, than those who troubled the governing classes, and it would be a mistake to draw too close a parallel between Bethlem and the Bastille. The frequency with which patients committed to Bethlem were deemed to have threatened the 'neighbourhood', or abused 'the neighbours' particularly during the seventeenth century, when the emphasis on neighbourly virtues and cohesion was much stronger, is a striking feature of the Governors' Minutes, and of the dealings of Sessions and parish officers with the insane. Katherine Scudamore, for example, was sent to Bethlem in 1685 on 'com[m]itting many disturbances amongst the neighbours to their terror and affrightm[en]t'<sup>259</sup>. Patients had often simply been local nuisances, like Thomasin Withers, arrested and sent to Bethlem in 1682, 'for being a continueall Disturber of her neighbours and threatening to fire the house of one John Preston and being an idle person', but 'distracted'<sup>260</sup>. Many went on 'abusing and disturbing' their neighbours after they were discharged, and were repeatedly arrested and returned to the Bridewell Court. Indeed, the motives of many of those who applied for patients' committal to the hospital were merely to get rid of bothersome presences in the locality, who had persistently pestered them, their families and the inhabitants. In obtaining the committal of Katherine Cannon to Bethlem, Samuel Wilson confessed (after the patient's death in 1656, and in an attempt to evade his arrears), simply to having wanted to dispose of a woman who had been 'Troublesome att his do[or]'<sup>261</sup>. As outlined above, lack of space at Bethlem and a lack of means on the

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<sup>258</sup> *PRO LS.13/177*, fols 35-8. Pomfret seems 'to have been in the hospital 20 years before this, when he was discharged 'at ye Earnest request of his wife and her Mother', but contrary to the opinion of the Dr. & Committee, & ordered barred from future readmission. *BSCM*, 7 Oct. 1710, fol. 32.

<sup>259</sup> *GLRO LSM.55*, 27 April 1685. See, also, e.g. cases of Joan Duning, Catherine Gazy/Gary; *BCGM*, 27 May & 1 July 1642, fols 385, 391; Appendix 61, ltr dated c16 Nov. 1765 re. Gazy. For an insightful analysis of the nature & importance of the values of neighbourhood, in one seventeenth century English district, see Jeremy Boulton, *Neighbourhood & Society*.

<sup>260</sup> *BCGM*, 16 June 1682, fol. 307. See, also, chap. 3, 'Tenants', re. the hospital's neighbours.

<sup>261</sup> Or, literally, 'to ease himself of that trouble'. Cannon, born in Suffolk, where only a surviving grandmother remained, & with a London goldsmith for an uncle, had been taken vagrant, & been in Bridewell during 1647. See *ibid*, 23 July & 20 Aug. 1647, 13 Jan., 2 April & 4 June 1656, fols 312, 316, 733, 747, 754.

part of the friends, neighbours and parishes, of the insane, during the seventeenth century, had meant considerable leeway for most 'crackt braind' individuals like Elizabeth Tingle, brought before the Governors 'for forcing into the house of Doctor Moline & disturbing himselfe and family'; and that most were discharged, those who committed them being unable or unwilling to provide<sup>262</sup>. After 1677, however, with the hospital's capacity tripling and, by the end of the period, increasing to six times its former size; with alternative provision multiplying at a commensurate pace; and with the generality of early modern society experiencing more prosperous times, there are signs of a growing impatience for the bothersome presence of the unconfined insane. Although, in 1696, the Court agreed to release Margaret Hebb, 'compassionating' the financial incapacity of the obligors (her daughter and sister), Hebb was back in Bethlem again two months later at the instance of Dr. Richard Burd, who claimed to have been 'forced to get her into the...hosp[ita]ll', she having 'continued to vex and trouble the peticon[er] in a most insupportable manner'<sup>263</sup>. By the eighteenth century, contemporaries were being even more explicit about the 'nuisance' the behaviour of the insane caused them and the motives of extirpation behind confinement at Bethlem and elsewhere. Just as in Spital Sermons, clerics like Andrew Snape and Robert Moss, recommended Bridewell for vagrants of all kinds, berating them as 'the Pest of your Doors, and the Nuisance of your Streets', and Bethlem for the insane 'who would otherwise annoy others, if not destroy themselves'; others saw Bethlem as 'that Pest House of the Head', or, like Jonathan Swift, envisioned hospitals for incurables, in particular, as receptacles to lock away all the thousands of society's pests<sup>264</sup>. Jacob Beezley, was arrested on Christmas Day 1755 and 'Committed to the London Workhouse' 'till the [next] Meeting of the Governors of Bethlem', because his parish 'could by no other means get rid of him', being described as:-

'a Vagrant and Lunatick', who had 'for a long time before been a publick Nusance to the...Parish by constantly attending Divine Service as well on Sundays as other Days at prayer time and very often Obstructed the publick Service by talking to the Minister and otherwise misbehaving in a very indecent Manner'<sup>265</sup>.

Obviously, however, there was no simple transition from lenity to extirpation. While two cen-

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<sup>262</sup> *Ibid*, 30 March 1648, fol. 341.

<sup>263</sup> *Ibid*, 18 Dec. 1696 & 12 Feb. 1697, fols 81 & 91.

<sup>264</sup> Moss, *A Sermon Preached...at St. Sepulchre...* (London, 1706), 24-5; Snape, *A Sermon Preached...at St. Bride...* (1707; 2nd edn, London, 1731), 14-17; Swift, *Useful Scheme for Incurables* (1733).

<sup>265</sup> *GLRO CA Rep. 60*, fols 74-6, 20 Jan 1756.

turies earlier, such behaviour was less likely to result in confinement at Bethlem, it might actually incur even harsher treatment, as in the case of the frenzied heretic who, having formerly been subjected to 'beating and correccion' at Bethlem, was subsequently, after repeatedly disturbing 'the divine servive', lashed vigorously in the town square at the direction of Sir Thomas More<sup>266</sup>.

Likewise, those who unreasonably threatened the domestic harmony of early modern life, or who displayed a wanton disregard for the unity and hierarchical order of the household (viewed itself as a microcosm of the wider social order), were also liable to be regarded as dangerously insane, and to require restraint and confinement. Macdonald's study of Richard Napier's case-books emphasises how often the kith and kin of the insane complained that they 'will not be ruled'<sup>267</sup>. Of course, domestic harmony was understood very much in favour of the patriarchal hierarchy, so that children and wives who upset that harmony were more liable to be deemed mad or vicious, and carted off to Bethlem or to prison, and husbands confronted with the disobedience of their domestic inferiors liable to be treated with greater clemency and empathy by male monopolised authorities. In 1680, for example, the Board of Greencloth committed Thomas Whittmore, Yeoman of the King's Pantry, to Bethlem, on the complaint of his wife, Mary, that he was distracted and had attempted suicide 'severall times'. When, however, 'on furth[er] examinac[i]on of the matt[er]', 'it appear[e]d' that Whittmore was 'not Lunatick but only discontented & melancholy, by reason of his...Wife's disorderly course of life', all sympathy was transferred to the husband who was immediately 'released'<sup>268</sup>. Considerable allowances were made for some such offenders, before the patience of their families, fellow inhabitants and the authorities, finally broke and they were committed to Bethlem or elsewhere. Elizabeth Beteridge was, not surprisingly, found 'distracted', when brought before the Governors in 1675 'for makeing Mutenyes in the streetes' and charging 'other women[s] husbands to be her husband', but was delivered back to her parish<sup>269</sup>. Threats to individuals, the family and the neighbourhood, were regularly unified, to emphasise how insanity could not be contained within domestic bounds in appeals for the committal of the insane to Bethlem. The wife of Thomas Andrewes a silk dyer of St. Olaves, Southwark, for example, petitioned in 1666 that she was 'not able to

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<sup>266</sup> See D. Hack Tuke, *Chapters in the History of the Insane*, 56-8; Rosen, *Madness in Society*, 152-3; More, *Apologie* (1533), 197-8.

<sup>267</sup> Macdonald, 'Popular beliefs about mental disorder', 153-4; *idem*, *Mystical Bedlam*.

<sup>268</sup> *PRO LS.13/104*, fol. 111.

<sup>269</sup> *Ibid.*, 2 July 1675, fol. 141.

keepe him at home w[i]th any safety to herselfe his family and the Neighbourhood'<sup>270</sup>. Threats to the neighbourhood themselves often manifested a breakdown in the solidity of the family unit, as in the case of the aforementioned Katherine Scudamore, whose churchwardens were 'forced to gett her admitted to... Bethlem' on 'her husband', George, 'refuseing to take care of her' and thus prevent her from disturbing 'the neighbours'<sup>271</sup>. Unruly apprentices and fractious servants also grievously infringed the rigid hierarchies of domestic and working life; were liable to be charged with madness or viciousness for flouting the authority of their masters and mistresses, and were strongly represented amongst committals to Bethlem and Bridewell<sup>272</sup>. Merely the potential threat of a mutinous or disaffected inferior was often sufficient to provoke their confinement. While, in the 1680s, Sussanah Parsons was allegedly 'putt into the hospitall of Bethlem for cure of her lunacy' by her widowed mistress, Susannah Lansdale, more prominent in Lansdale's mind was 'to prevent any dainger that might come by the keeping of...Parsons in her house', and Lansdale was soon freeing herself of the responsibility for her former servant's maintenance<sup>273</sup>.

Another way of illuminating what sort of individuals were regarded as threatening by society, and liable to be incarcerated in Bethlem, is to ask what kinds of mentally disabled persons were not normally committed to the hospital. I have already outlined the hospital's own exclusions of idiots, epileptics/convulsives, consumptives, the palsied and the infectious. Parish records reveal, in addition, that neither the very old, nor the very young, were likely to be sent to Bethlem. The senile, the anile, the demented and the doddering, amongst the poorer classes, tended to be supported in large numbers by outdoor relief, with parish nurses (who were, themselves, often relatives of the afflicted); or in almshouses and workhouses, or by surviving members of their families<sup>274</sup>. The young mentally defective were more likely to have families

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<sup>270</sup> *Ibid*, 26 Oct. 1666, fol. 14.

<sup>271</sup> *GLRO LSM.55*, 27 April 1685.

<sup>272</sup> See e.g. cases of Thomas Leadman, committed to Bethlem in 1664, after 'assaulting his M[is]t[r]is[s] & running away from...his master'; & Henry Crispe, admitted in 1670, for 'threatening to kill', 'abuseing & assaulting his Master', described as 'distracted and very outrageous'; *BCGM*, 10 Feb. 1664, 23 Dec. 1670, 19 Jan. & 16 June 1671, fols 89, 92, 256-7, 266 & 310.

<sup>273</sup> *GLRO LSM.58*, 9 May 1687. In fact, the responsibility of masters and mistresses for servants was often deemed to be null & void once they succumbed to illness, while responsibility for the maintenance of sick & mad apprentices was more often binding only until the expiration of the term of the indenture.

<sup>274</sup> See e.g. cases of Mary Lowe/Lole, Elizabeth Eccles, Margaret Skelton, Thomas Fleming, Eleanor Wilson, Jane Whore, Esther Ludbey, widow Roberts & Mary Perks, of St. Botolph Bishopgate; *Gldhall MSS 4525/19-28*, *passim*.

to look after them, but, if orphaned or abandoned, were also supported by outdoor relief, in preference to a much more expensive maintenance at Bethlem<sup>275</sup>. Such individuals tended to be more innocuous, and capable of being catered for by the more ordinary means at the disposal of the parish and family. Table 6r, compiled from 103 applicants for admission to Bethlem, during 1763-1803, whose petitions mention their ages, and Table 6s; being Haslam's survey of the ages of 1664 patients admitted to Bethlem during 1784-94, demonstrate how profoundly admission to the hospital was reserved for those in the prime of adult life, between the ages of 20 and 40. In my own survey, only one was aged under 20; only three were 60 or over; and only 12 (c12%) were 50 or over. The great majority of those committed to the hospital, 45 (c44%), were aged between 30 and 40. In Haslam's more comprehensive analysis, the differentials between the numbers of patients admitted aged 20-30 and aged 30-40 are much narrower, but the fundamental pattern is the same, with only 11% admitted aged between 50 and 70, and just 7% aged under 20. Ignoring the biases of hospital policy and social provision for the insane, Haslam accepted the peak in admissions between the ages of 30 and 40, as a true reflection of the nature of the malady. Although, rather misguidedly, ascribing this peak to the theory of enhanced 'hereditary disposition', which was advancing in currency amongst contemporary practitioners; more interestingly, Haslam also pointed to something approaching the modern notion of mid-life crisis, conceiving 'middle age' as a time when powers of adaptability, cloyed by habit, were less resistant to the derangement of 'calamity' and the anxieties of increased responsibility<sup>276</sup>.

### Religion and lunacy

As is only too familiar to psychiatric historians, the mentally deficient had long been recognised as afflicted by god, and likewise, restored to their understanding only according to god's will; often spoken of as 'innocents' or 'naturals', and in this sense associated with the holy and the elemental; and such notions remained vital in seventeenth century England. They informed not merely the language and imagination of the populace, but also retained considerable vestigial force in the responses and proceedings of legal and administrative bodies dealing with the insane. Royal licences authorising collections on behalf of the poor maintained at the four royal hospitals, exhorted on behalf of those 'straught from there wyttes' and provided for at Bethlem,

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<sup>275</sup> See e.g. cases of Dorcas Popkins a 'naturall'; the daughter/son of Jean/Joan Chees; Roberts, a 'distracted' orphan; & Mary (Magdalen) Browne, a 'natural' & orphan; *Gildhall MSS 4525/7*, fols 77-89, 134-6, 144-5, 165-78; *4525/8*, fols 147-52; *4525/16*, fols 64-77; *4525/17*, fols 97-110; *4525/23*, fols 74, 76-7.

<sup>276</sup> Haslam, *Observations*, 116-8.



in particularly fatalistic terms, referring to them as 'stryken by the hande of God...untyle God caule them to his marcy or to their wyttes agayne'<sup>277</sup>. The admission and discharge of patients from Bethlem was occasionally recorded, during the early and latter parts of the century, in language that placed primary emphasis on the influence of divine providence on a patient's recovery, and expressed humility in 'the meanes used', manifesting the minor role played by medicine in the lives of the majority of the hospital's inmates. Jervice Blande, for example, was discharged in 1634 with the declaration in the Court Minutes:- 'by gods blessing and the good meanes recovered at his owne request is now delivered thence with praise to God'; while widow Davies was admitted in 1638, and William Everard, in 1651, 'untill it shall please God to recover him/her of his/her former senses'<sup>278</sup>. Such affirmations of pious sentiment and resignation disappear from the Governors' Minutes during the period of the Civil War, and in the initial aftermath of the Restoration, discouraged perhaps by a growing literature and climate of opinion hostile towards religious enthusiasm, tending towards the demystification of insanity and an emphasis on its natural and bodily causes<sup>279</sup>. With the efflorescence of Quakerism and revivalist religion during the latter part of the seventeenth century, however, providentialist sentiments reemerged in the proceedings of the Bethlem Governors. From the 1680s, patients were delivered out of the hospital once again, but more emphatically than before, with deference for 'God' having given 'such a blessing in the meanes that hath beene used for [a]...recovery', and exceptionally, even had their admissions attributed to divine visitation<sup>280</sup>. Moreover, the re-emergence of these pious expostulations at Bethlem more or less coincided with the introduction of religious instruction for the hospital's inmates, in 1677, at the instigation of more liberal

<sup>277</sup> See W. A. Bewes, *Church Briefs* (London, 1896), cited in O'Donoghue, *Bethlehem*, 124.

<sup>278</sup> *BCGM*, 1 Oct. 1634, 22 Aug. 1638 & 29 Jan. 1651, fols 478, 193 & 484.

<sup>279</sup> See esp. Meric Casaubon, *A Treatise Concerning Enthusiasme, as it is an Effect of Nature: but is Mistaken by Many for Either Divine Inspiration, or Diabolical Possession* (London, 1655); Henry More, *Enthusiasmus Triumphatus, or, a Discourse of the Nature, Causes, Kinds, and Cure, of Enthusiasme; Written by Philophilus Parresias* (London, 1656); Hunter & Macalpine, *Psychiatry*, 143-7 & 151-3.

<sup>280</sup> See e.g. *BCGM*, 4 Jan., 26 May, 16 June & 9 Aug. 1682, 9 Feb. 1683, 17 Sept. 1697, fols 274, 303, 307, 318, 350-51 & 139, cases of Anne Kingston, Jane Rogers, Thomas Smith, Priscilla Cambell, Elizabeth Jones, Samuel Fowle, John Smith, Andrew Rothwell, Elizabeth Hall & Richard Collins. Collins was admitted 'ab[ou]t Christmas [1696] it...[having] pleased God to deprive him of his Sences and to continue him in the State of Lunacy ever since to the very great charge of [his mother]'. The discharge of Nicholas Orton in 1700, he having been admitted on numerous occasions already, was recorded with exceptionally elaborate and self-congratulatory rhetoric, in the admission registers:- 'Continued by the kindness & Courtesy of this most Charitable Hospitall for halfe a Year after [he was ordered discharged]. But now through y[e] Goodnes of God & thanks to y[e] Discreet & Prudent Committee of Governors this day Assembled he had his Joyfull Deliverance for Ever...Soli Deo Gloria Amen'. Orton was to be readmitted & to perish at Bethlem soon afterwards, however. See *BAR*.

members of the new Bethlem Committee who were plainly influenced by the familial ethos of the revivalists and by a sensation of positive renewal arising out of the hospital's spectacular resiting at Moorfields<sup>281</sup>. Prior to this date, while the hospitals' governors and staff dutifully attended divine service at Bridewell, and Bridewell apprentices were actually compelled to do so and received regular catechizement from the Bridewell Chaplain, the patients of Bethlem had received no pastoral care whatsoever. The ministrations of god's servants were exclusively for the understanding and improvement of the sane. From 1677-1713, however, the Reverends Masters and Atterbury were, successively, allowed an additional £20 per annum 'to give...seasonable Instrucc[i]on to any of the said Lunaticks', and were supposed to attend Bethlem 'three or fower tymes a weeke' for this purpose.

Essentially, however, even at seventeenth century Bethlem, the insane were conceived by definition, or so long as they remained insane, as divorced from the blessing of god; closer to the damned, than the holy. The original suggestion of the Bethlem Committee had been for an autonomous, salaried pastor, resident at Bethlem, to officiate:

as a head of a family to pray w[i]th and instruct the family there twice a day and alsoe to discourse w[i]th such Lunaticks...when occasion shall offer...as hee shall finde them capable to receive Instrucc[i]on

Yet, as related in previous chapters, the majority on the governing board was inclined towards conservatism and moderate anglicanism; was increasingly suspicious of revivalist sentiment, and was increasingly pessimistic regarding the possible benefit that the insane might receive from religious counsel. Thus, the Court had rejected the Committee's proposal on the grounds that the hospital was 'yett in debt'; that there was no precedent for such; and, moreover:

that If any of the Lunaticks kept in the said hospital be capable to receive Instrucc[i]on they are not soe fitt to be kept there

The Court preferred to save money and preserve orthodoxy by employing the Bridewell Minister, while it was only convalescent patients, or 'such...as hee shall finde in their Intervalls' whom he was 'to discourse w[i]th' and who were deemed 'fitt to receive any Advice & instrucc[i]on'<sup>282</sup>. Even for convalescents and patients with remissions, however, this form of divine dispensation was soon permitted to lapse, being officially abolished in 1713, 'the Com[m]ittee not finding

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<sup>281</sup> For the ensuing discussion, see *BCGM*, 30 March & 20 June 1677, 10 July 1679, 17 Aug. 1681, 7 April 1682, fols 362, 389-90, 98, 244, 294.

<sup>282</sup> Likewise, in applying an anonymous donation of £100 'for the instructing of [patients]...in God's Service', it was not the 'raving' or chronically insane, but 'those...whoe uppon any degree of recovery are capable thereof'; or, 'that are soe far recovered to there [sic] form[er] sences as shalbe capable to receive any benefit thereby'; who were meant, by both benefactor & governors, to be so relieved. See *ibid*, 20 Jan. 1682, fol. 277.

there is any occasion for such attendance'<sup>283</sup>. Henceforth, no patient in Bethlem was recognised by the Governors as 'capable of receiveing [religious] instrucc[i]on'.

Throughout the eighteenth century, Commissions of Lunacy conducted to examine the state of mind and settle the estates of the allegedly insane, were framed in a standard format which, by default, dismissed the causation of insanity as irrelevant beyond divine visitation. Invariably declaring how the individual concerned 'hath been in the same State of Lunacy for [a certain period of time]...but how or by what means the Jurors ..know not unless by the Visitation of God'; not once in over thirty commissions I have consulted, conducted upon the propertied insane in Bethlem and elsewhere between 1702 and 1800, did the jurors offer an alternative explanation<sup>284</sup>. While providentialist rhetoric continued to cling to such legal proceedings, there was, however, little sympathy at eighteenth century Bethlem for interpretations of insanity as an affliction of the conscience. The intercession of the ministry into the lives of the mentally unstable was viewed increasingly as a provocation, rather than an aid. As Quakers and other evangelicals took on the role of visiting the mad, the sick and the criminal, orthodoxy, both religious and medical, closed its ranks against the claims of religious inspiration. Far from capable of receiving religious instruction, the mad of Bethlem were conceived by governing society as those who had been unhinged by the exposure of their weak minds to religion. While religious radicalism and evangelism encouraged followers to give vent to the highest transports of devotion, traditional anglicanism stressed moderation and restraint, and individuals who created uproar in church services, or who, like Kit Smart, disturbed family and neighbours by praying at the top of their voices and taking the Bible literally, became conspicuous amongst the admissions to eighteenth century Bethlem. Humble tradesmen and craftsmen, who claimed to have seen the light and appointed themselves God's ministers, were increasingly seen as vainglorious and deluded, if not an insult to orthodoxy. Edward Osburne, 'a weaver', sent to Bethlem by the Board of Greencloth in 1700, had not only 'been for some time very troublesome to his Maj[es]tie', 'but...also impudently assumes the habit of A minister'<sup>285</sup>. This is not to say, *pace Macdonald*, that, during the earlier seventeenth century, individuals claiming divine inspiration or disrupting church services were not quite frequently declared simply to be mad religious enthusiasts, or vicious reprobates. The uncompromising orthodoxy of the Laudian period saw the committal of a good many 'blasphemers' and self-proclaimed prophets to Bethlem

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<sup>283</sup> *Ibid.*, 26 June 1713, fols 1-2.

<sup>284</sup> See *PRO MSS C211*.

<sup>285</sup> *BAR*.

and Bridewell. From the notorious bigamist, Richard Farnham, who re-enacted Christ's entry to Jerusalem, and was sent to Bethlem by Archbishop Laud; and the Lady Eleanor Davies, who assailed nobility and royalty with prophesies of doom from the book of Daniel; to the 'crased', but lesser known, Peter Delight, committed by the Lord Mayor for 'making proclamacions' and tumult 'in the streets', drawing attention to himself with a fife and drummer boy and advocating 'the p[re]achers Doctrine'; and the minister, James Whitall, 'com[m]itted by the high Comission...without', as he alleged, 'any cause'; the 1630s were a particularly intolerant time for rival claims of religious inspiration<sup>286</sup>. Indeed, it is clear from the spate of pamphlets directed against Farnham, John Bull, James Hunt, Margaret Tennis (confined variously in Bethlem, Bridewell and Newgate) and other popular preachers and sectarians, during the 1630s and 40s, condemning them as 'either mad, or counterfeits', and all 'besotted with the like Lunacy', that the campaign against enthusiasm was already underway<sup>287</sup>. On the other hand, blasphemy was a civil offence, for which individuals were more likely to be punished and sent to prison or Bridewell, than Bethlem, while the authorities and medical officers at Bethlem exercised considerable discrimination in distinguishing between blasphemy and madness. When in 1675, for example, John Taylor was conveyed from Guilford Gaol, to the House of Lords, and then to Bethlem; having been arrested 'for uttering Blasphemous Words'; been examined and deemed insane by the Lords; and been ordered 'kept [at Bethlem]...with Bread and Water, and such due Bodily Correction as may conduce to his Recovery'; he was promptly declared sane by the

<sup>286</sup> See *BCGM*, 22 Oct. 1634, 16 Aug. 1637, 3 Jan., 28 Feb. & 27 June 1638, 11 March 1642, fols 15, 134, 154, 165, 186 & 374; *PRO PC* 2/47, fols 26-7, 49, 175, 262, 335; 2/48, 21 Feb. 1638, fol. 619; 2/49, 25 April & 27 June 1638, fols 123 & 296; 2/50, 12 July 1639, 6 Sept. 1640, fols 509, 717. For Lady Davies's tracts, see bibliography. See, also, cases of Thomas More committed to Bridewell & then Bethlem, in 1636, 'for scandalous behaviour and notorious blasphemies by him used and uttered'; Blanch Coop[er?], sent to Bridewell by the High Commission in 1638, & Tobias Hume, a Charter House pensioner, admitted to Bethlem in 1642 for *inter alia* his 'blasphemous...behavio[ur]'; *ibid*, 9 Nov. 1638 & 27 May 1642, fols 206 & 385; *PRO PC* 2/46, 9 Oct. & 5 Nov. 1636, fol. 426.

<sup>287</sup> See e.g. *A True Discourse of the Two infamous upstart Prophets, Richard Farnham Weaver of White-Chappell, & John Bull Weaver of Saint Botolph Algate, now Prisoners, the one in Newgate, and the other in Bridewell: with their Examinations and Opinions taken from their owne mouthes...As also of Margaret Tennis now Prisoner in Old Bridewell, with the Hereticall Opinions held by her, at the same time Examined* (London, 1636), esp. 5, 8-11, 13-14, 17-19; *A Curb for Sectaries and Bold Propheciers: By which Richard Farnham the Weaver, James Hunt the Farmer, M. Greene the Feltmaker, and all other the like bold Propheciers and Sect Leaders may be bridled and kept within their own beaten way, And the Sacred and weightie worke of the Ministry bee reserved to men, whom education fits, God calls, and good order in the Church prefers thereunto. A matter very considerable in these present times* (London, 1641); *False Prophets Discovered. Being a true story of the Lives and Deaths of two Weavers (late of Colchester) viz. Richard Farnham, and John Bull; who affirmed themselves the two great Prophets which should come in the end of the world, Mentioned Revel. II. Also that the Plague should not come nigh unto their dwelling. Nevertheless being Prisoners, the one in Old-Bridewell the other in New-Bridewell, by a strange Providence of Almighty God, both the one and the other dyed of the Plague in a House where they usually met, in Rosemary Lane, in January last, 1641...* (London, 1642).

Bethlem Physician and application made to the Lords for his removal. It was another six months before Taylor was removed, however, the patient even petitioning the King himself to this end. With the Lords deciding that he 'persisteth in his Blasphemies', 'tend[ing] to the Destruction of all Religion and Government' (possibly, on the grounds of this petition), Taylor was only removed in order to be prosecuted in the temporal courts, and may ultimately have wished he had remained a madman<sup>288</sup>. Similar offenders, like Abraham Baron/Barrow, committed to Newgate and 'to worke' at Bridewell; for 'being an idle vagrant p[er]son and cannot give an Accompt of his Life & coversacon & a Blasphemer' who 'saith hee is A Priest Prophett & King'; despite an acknowledgment that 'hee seemes distracted', may, likewise, have been better off when recognised as insane and transferred to Bethlem<sup>289</sup>. Yet, there is little doubting Macdonald's argument that only after the Restoration did 'the idea that religious enthusiasm was a form of insanity...become a ruling-class shiboleth'. Indeed, it was only from the latter seventeenth century, also, that large numbers of such enthusiasts began to be confined in Bethlem<sup>290</sup>. According to William Black; tabulating information provided to him by the Bethlem Apothecary, John Gozna; by the latter eighteenth century, 'Religion and Methodism' were the fourth most common cause of insanity amongst admissions to the hospital, accounting for over 10% of all causes ascribed<sup>291</sup>. The acute negativity with which enthusiasm was increasingly regarded was even reflected in the pessimism of medical prognoses, particularly those of orthodox clergymen, like William Pargeter, who declared (1798) 'we can scarcely expect *enthusiastic* madness to be relieved, much less cured', while individuals unhinged by Methodism were conceived also as highly prone to suicide<sup>292</sup>. In general terms, however, the decline of fatalistic, providential interpretations of insanity had also coincided with, and allowed for, an enhanced belief in the curability of insanity through

<sup>288</sup> See warrant of committal dated 14 May 1675, at back of *BCGM*, 1674-78; *BCGM*, 19 May 1675, fol. 129; chap. 5; *LJ*, xii, 688a, 691a, 700b-701a; xiii, 18b-19a, 26a; & for Taylor's petition, see *Braye MSS*, 3, ff. 96-7.

<sup>289</sup> *BCGM*, 19 & 28 Nov. 1673, 23 Jan. 1674, fols 584, 590, 610.

<sup>290</sup> See Macdonald, 'Insanity and the realities of history', in Murray & Turner (eds), *Lectures on the History of Psychiatry*, 60-81.

<sup>291</sup> *Dissertation on Insanity*, 18-19.

<sup>292</sup> Pargeter, *Observations*, 35-7, 79, 135-7. Haslam, however, barely mentioned religious enthusiasm in his *Observations* of 1798, very few of the cases he discussed being ascribed to this cause, although he plainly shared the orthodox anglican view that 'the infinite wisdom and power of the Deity' was irrefutable, but unfathomable; see *op.cit.*, 47-8, 100, 104. Clearly, as is evident in both John Monro's & Haslam's writings (by contrast with William Battie), such religious views contributed to a rather dismissive or apologetic attitude towards more metaphysical approaches to medicine.

earthly, medical means. Moreover, what Macdonald failed to address was that it was primarily female religious activity that was being negated by this taint of insanity, and, indeed, being given an emotional outlet by nonconformist preachers. Black's was a verdict and prejudice that was reiterated, and applied most emphatically to the case of female patients, by a wide range of visitors to the eighteenth century hospital, as also by a wide range of contemporary medical and religious treatises<sup>293</sup>. While male revivalist preachers were held fundamentally to blame by the orthodox Anglican elite for fermenting such hysteria, it was their female followers who were being rounded up and committed to Bethlem. As female minds had long been conceived as weaker, less rational, more susceptible to seduction, so those female devotees who gave vent to uncontrolled spiritual outbursts, who claimed to have 'seen and been talking with' their 'dear Christ', were particularly likely to be conceived as merely deranged, their 'ignorance and indisposition' taken 'advantage...of' by male preachers<sup>294</sup>. Just as the human mind was increasingly seen as incapable of dealing with the complexities of providence and the imaginary torments of the hereafter, the female mind was regarded as especially liable to be undone by its enhanced imaginative powers and, contrariwise, its peculiar frailty of judgment<sup>295</sup>. Nor was it simply accidental that enthusiastic madness was couched in the language of sexual seduction. Denying and fearing the undercurrents of confused feminine sexuality that lay behind such passionate yearnings for Christ, husbands who saw their wives transformed and traumatised by their contact with revivalism; and orthodox anglican clerics, who felt their rational and reserved notions of religious and social propriety invaded, preferred to see such behaviour as representative of insanity alone.

#### Results of admission: cure, discharge and relapse; rhetoric and reality

At face value the results of admissions to Bethlem would seem thoroughly to contradict the negative impression of its record held by some historians. In nine annual reports I have surveyed published from 1681-1705, Bethlem claimed a cure rate of between 57% and 82% of the numbers of patients whose admissions had some result over the same period, or between 31% and 63% of the total patient population. Averaged out over the entire period, these figures give mean percentage cure rates of 71% and 34% respectively. During 1682, the Court of Governors'

<sup>293</sup> See e.g. von la Roche, *Sophie in London*, & chap. 2; William Pargeter, *Observations* (1792), ed. Jackson; M. J. Naylor, *The Insanity and Mischief of Vulgar Superstitions* (Cambridge, 1795); Thomas Church, *Remarks on the Reverend Mr. John Wesley's Last Journal* (London, 1745); Thomas Evans, *The History of Modern Enthusiasm* (2nd edn; London, 1757); George Lavington, *The Enthusiasm of Methodists and Papists Compared* (London, 1757).

<sup>294</sup> *Ibid.*, 31-7.

<sup>295</sup> *Ibid.*, 31.

Minutes recorded the discharge of forty 'recovered' patients from Bethlem, or about 66% of the number admitted, and 34% of the average patient population, during the same year. Tables 6t-v which show the results of admissions to Bethlem over the period 1694-1718, as derived from the hospital's admission registers, commencing from 1683, would superficially tend to confirm this positive impression, revealing that around 80% of the 1858 patients admitted to Bethlem were discharged, or about 42% of the estimated total patient population.

Only limited conclusions can be drawn however about the success of Bethlem as a centre of cure, or concerning any developments in the prognosis of its patient population, from the numbers of patients discharged. For example:- of 118 patients (60 men: 58 women) in the hospital during 1683, only 29 (16 men:13 women) or 25% are known to have been discharged (in 7 cases, or 6%, the result of admission is not recorded)<sup>296</sup>. While, by contrast, of 139 patients (75 men:64 women) in Bethlem on 28 March 1702, 85 (43 men:42 women) or 61% were discharged, this had little to do with any improvement in patients' recovery rate, but is rather to be explained by the administration's increased efforts to exclude chronics, and other cases deemed unfit, from the hospital<sup>297</sup>. Moreover, Spital reports calculated patients 'Cured and Discharged' cumulatively, without distinguishing the proportion discharged uncured, effectively counting each discharge as a cure. Nor do the hospital's admission registers allow any such distinction to be made before the latter eighteenth century, failing totally to record the condition in which patients were discharged until the late 1730s, and failing consistently to record this information until the 1750s. Spital reports went on failing to distinguish between those cured and those discharged (let alone, between those cured and those recovered) throughout the century, in order to sustain the public's confidence in the efficacy of the institution<sup>298</sup>. Rather more realistically, the Bethlem Apothecary, John Haslam, claimed that of 8474 patients (4832 women and 4042 men) admitted to Bethlem during 1748-94, only 29% (2557) 'recovered' or 'were discharged cured'<sup>299</sup>. His figures also discovered, however, only a half per cent improved recovery

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<sup>296</sup> See *BAR*, fols 1-10.

<sup>297</sup> *BAR*, fols 1-12.

<sup>298</sup> Figures from 5 Spital reports covering admissions during 1739-58 would suggest that 71% of those whose admissions had a result in this period were 'Cured and Discharged', or 55% of the average yearly patient population; see reports dated 1740, 1741, 1743, 1750 & 1759. Figures from all 10 Spital reports covering 1759-68 give an even better cure rates of 75% & 62% respectively. See *Ann. Reg.*, iii, 91; iv, 89; v, 81; vi, 73; vii, 70; viii, 78; ix, 85; v, 85; xi, 91; xii, 91; xv, 95; xvi, 94 & xix, 132. The Spital report of 1789 claimed that Bethlem had cured and discharged more patients than it had admitted during the previous year.

<sup>299</sup> According to Haslam, the age of patients admitted to the hospital had a profound significance on the likelihood of their recovery. A statistical survey of the ages of those patients admitted to Bethlem during 1784-94 and the numbers discharged cured and uncured, led Haslam to conclude 'that insane persons recover in proportion

rate of female patients over male, findings somewhat at odds with my own for the earlier period 1694-1718 (see Tables 6u-v), which reveal that around 8% more female patients are known to have been discharged than male. Even if larger numbers of women were discharged uncured, this may still suggest a more optimistic prognosis for female patients in Bethlem

Patients' recovery frequently, of course, proved only a temporary remission, and neither did Bethlem's annual reports take into account the numbers of relapses or readmissions. Black estimated that over the period 1772-87 only 32% of those patients discharged from Bethlem were 'cured', while 58% of these patients relapsed; indicating that at most just 14% can be said to have been discharged fully recovered<sup>300</sup>. The Bethlem Apothecary, John Haslam, found that of 389 patients admitted to the hospital during the two years 1796-7, 53, or 13%, were readmissions. While he alleged that 'the majority' who relapsed 'are sent back to Bethlem'; thus, legitimising the validity of the low relapse-rates he had suggested; Haslam did concede that there was a wide 'variety of circumstances' which 'might prevent' relapsed patients 'from returning'<sup>301</sup>.

### Bethlem's record, according to parish records

My own investigations of parish records for the metropolitan area in the seventeenth and eighteenth century, have, by in large, produced a rather negative impression of the hospital's success as a curative establishment. I shall only have space here to summarise some of the broader conclusions of this survey.

Clearly very few of the parish poor committed to Bethlem were discharged fully recovered, or remained so for long. For example, of thirteen St. Botolph Bishopsgate paupers admitted to Bethlem during 1636-76:- at least two died; at least five were discharged; while the outcome of six admissions was unrecorded. At least four of those known to be discharged, however, were discharged in an unhealthy condition; two perishing within a year of their discharge; one within three years, having been put under the care of a nurse; while the last certainly died still suffering from 'frenzy', after being kept by a parishioner and his wife for a year and a half. Of 28 parishioners received at the hospital during 1676-1721, 24 are known to have been discharged,

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to their youth'. Indeed, according to his figures, those aged between 10 & 30 had a recovery rate 16% better than those aged between 30 & 50; while the latter group, in turn, had a 13% better recovery rate than those aged between 50 & 70. It is impossible, however, to validate Haslam's findings, patients' age rarely being recorded in the hospital's administrative records. Table 6s & Haslam, *Observations* (1798 edn), 108-9 & 111-12.

<sup>300</sup> Black, *Dissertation on Insanity*, 18-19; Hunter & Macalpine, *Psychiatry*, 646. Black also seems to have included relapses prior to admission in his totals.

<sup>301</sup> See Haslam, *Observations* (1798 edn), 109.



only three to have died, while one case remains undetermined. Of those discharged, however, at least eleven were discharged incurable or rapidly relapsed; and only two may confidently be said to have sustained recoveries, although thirteen outcomes are unknown. Bethlem's record regarding the poor insane of St. Stephen Coleman Street, is no great improvement. Of four parishioners committed during 1655-94, the fates of two (private cases) remain unknown; one is discharged and nursed briefly in the parish and then, for at least fifteen years, outside the parish, being referred to as 'the silly Wench'; and another is admitted six times, escapes and is retaken once, before a final stay of twelve years ends in his death. Of 25 admitted during 1695-1734, four died, and 21 were discharged. Of those discharged:- the fates of nine are unknown (being private cases); five were evidently discharged incurable, and were sent to the workhouse at Cheshunt, Herts, where four remained for between thirteen and 22 years before their deaths, and one was rejected as unfit, nursed by his sister as a 'Lunatick' and supported as a pensioner until his death nine years later; and two were relieved as parish pensioners, one of whom died within the year, the other being passed out of the parish to Surrey. Likewise, of fourteen St. Dionis parishioners admitted to the hospital during 1700-1770:- five died (one, after being discharged 'fit' for the incurables, lodged temporarily at a private madhouse and readmitted to Bethlem as an incurable); and nine were discharged. Of those discharged, only one is recorded as discharged 'well' and is subsequently unheard of; three were private cases, whose fates remain unknown; and the five others were discharged uncured. Two of these five were explicitly removed as 'incurable' or 'unfit', but all continued to be nursed and confined at the parish expense, and all, excepting one man (who, after a number of years with a Bucks physician, appears to have been placed in the care of his wife in Kent), died in confinement at a workhouse or private madhouse. The results of five parishioners' admissions during 1640-1700, are less conclusive; one was admitted five or six times before his death there; three were discharged and one's fate was unknown. Of the three discharged; one was immediately sent out of the parish; one was lodged on the parish rates, although not mentioned as lunatic, while the after-life of the last is not recorded. As final testimony:- of fifteen patients admitted to Bethlem from St. Dunstan in the West, during 1700-30; three perished in Bethlem, and thirteen were discharged. Of these thirteen:- seven were discharged and nothing else heard of them (6 being private cases); one escaped; two were discharged incurable, one of whom was sent to a madhouse, while the other was nursed in the parish and then at Lambeth until her death; one was discharged, evidently rich enough to be supported elsewhere, and died two months later under the care of a Hampstead nurse; the last, having been admitted and discharged five times, over an eighteen year period, simply disappears from the accounts. In sum, none of the St. Dunstan cases, and very few of the poor from other parishes, can confidently be said to have fully recovered in Bethlem.

The results of admissions from the six other London parishes I have studied in detail, tell

a similarly grim, if rather incomplete, story. Obviously, my findings are qualified by the considerable number of cases whose after-life, outside the asylum, remains hidden. The fundamental limitation of parish records, of course, is that they reveal very little about the majority of private cases sent to Bethlem, while even the recovery of the odd pauper case occasionally meant his disappearance as an item of relief. Even so, there seems little doubt that the great majority of parochial patients admitted to Bethlem failed to leave the hospital in a condition able to resume their ordinary lives and livelihoods.

On the other hand, most of those private madhouses and workhouses utilised for the pauper insane by parishes appear to have enjoyed no greater success. For example; of 26 parishioners supported by St. Botolph Bishopsgate at private madhouses (or with a mad-doctor), during 1676-1720, only three can be said to have been discharged recovered. Six died; two were subsequently admitted/readmitted, and one readmitted, to Bethlem; seven were discharged to parochial care still mad, one of whom died within six months; two were transferred to other madhouses; one, at least, was discharged uncured and died at a workhouse one was discharged lame to St. Barts, where he died; and in only three cases (due to the loss of poor relief records), was the outcome unknown<sup>302</sup>.

Not only had the vast majority of parish poor admitted to Bethlem been discharged unrecovered, or failed to sustain their remissions, but also only a minority seem to have been committed primarily for their cure. Parish records do register cure as an objective of the admission and support of patients in Bethlem, but only very rarely, indicating that cure was a subordinate concern of parish officers. Payments made for patients at Bethlem are ordinarily spoken of as for their 'board', 'maintenance' or 'keeping'. Only exceptionally, and not normally until the actual discharge of a patient, do they register that the hospital's provision was seen as a medical, as well as a custodial, service, recording payments made 'for the Cure and Board of [a patient]'<sup>303</sup>. It may reasonably be claimed that there was no need for overseers and churchwardens to record a self-evident motivation, and that cure appears at all as an objective is a clear sign that it was not unimportant to them. There is certainly evidence of an acceptance on the part of vestries and parish officers that curing the insane was Bethlem's function. The churchwardens of St. Botolph Bishopsgate described almost in parenthesis, for example, how John Harris's bond for the support of his insane wife, Susan, during 1695, was binding 'dureing

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<sup>302</sup> Of those three discharged 'recovered':- one was not heard of again; another was sick and nursed in the parish, dying seven years later, having been set up with tools for employment; & the last relapsed ten years later, while in the parish almshouse, where, she died within three more years.

<sup>303</sup> For cases in which this objective or function is recorded, see e.g. those of Elizabeth Hackett, of St. Bride & George Lyth, of St. Dunstons in the West; *Ghall MSS 6552/2*, 9 May 1695; *J016/3*, fol. 126.

the time *She Continues for Cure in Bethlem Hospital*<sup>304</sup>. Likewise, on the brink of his discharge, George Lyth of St. Dunstons in the West, was described by the vestry as having 'been for some time in Bethlehem hospital for Cure of his Lunacy'<sup>305</sup>. Given that these officers were required to take some care in detailing and justifying their expenditure, with a mind to the future perusal of their accounts in the annual audit, however, one might reasonably expect cure to have appeared more often in these accounts than it does, if accorded profound significance. Yet parish records rarely register the object of 'cure' either in the admission of parishioners to general hospitals like St. Bart's and St. Thomas's. Moreover, the support of mad parishioners at private madhouses and workhouses was spoken of in virtually identical terms, to those used in connection with Bethlem; stressing 'board and Care', 'lodging', 'keeping', and 'diett', rather than 'cure' or 'physicke'. Indeed, the evidence of parish records would suggest that cure was mentioned more often in connection with Bethlem than with these other institutions for the insane, reflecting the hospital's enhanced stress on this objective<sup>306</sup>.

Parochial relief seldom, also, extended to providing medical assistance for insane parishioners prior or subsequent to their admission to Bethlem, or indeed for the majority of mad inhabitants who were never admitted to the hospital. Of course, the prior and subsequent histories of a great many cases may not be divined from parish records. Yet for those parochial cases for whom such information is more readily available, it is patently apparent that, while most received lodging, diet and nursing, at parish expense, only a minority were provided with medical attention. Of the 25 patients admitted from St. Stephen Coleman Street, during 1695-1734, for example, the prior history of only seven is documented in parish records, only two of whom are afforded medical treatment. Occasionally, however, parish officers did make genuine, and sometimes concerted efforts, to cure such individuals. In the case of the two aforementioned Coleman Street parishioners; Mary Birch was nursed, chained, bled and had her head shaven, over the five months preceding her admission, in 1720, while Jeremy Tucker was nursed, washed, bled and 'physicked', with the parish nurse, at a grand cost of £1 5/, for an indeterminate time before his admission in 1737<sup>307</sup>. The churchwarden's of St. Bride paid a woman 11/ in 1695 'for what was done toward the Cure of Kat[h]e[rine] Harper' (Harford/Hartford/Hereford), ten

<sup>304</sup> *Guildhall MS 4525/16*, fol. 234.

<sup>305</sup> *Ibid*, 3016/3, fol. 126.

<sup>306</sup> See e.g. case of Thomas Cope, boarded consecutively at Hoxton, Bethlem, with his sister and brother-in-law, Spitalfields workhouse & Bethnal Green, during 1752-69; *Ghall MSS 4501/2*, 21 Sept. 1752-1762; 11280/4-5, sundry vouchers for Cope's board at Hoxton etc.

<sup>307</sup> See *Ghall MS 4457/5*, 24 March-13 Aug. 1720, 30 May 1729, 12 Jan. & 2 Feb. 1737. 'Tucker' had already undergone a bout of madness and been looked after at parish expense in 1729.

months before her admission to Bethlem<sup>308</sup>. The expense of medical aid or committal to Bethlem gave both resorts something of the character of emergency measures, sought out in the most critical cases, when the ordinary resources of nursing within the parish had failed. The vestry of St. Bride gave authority to the churchwarden, in 1699, 'to send a D[octo]r to' James Blewitt, with his condition worsening and within just a month of his committal<sup>309</sup>. On the other hand, that 'a Lunatick' might be ordered, as in the case of John Burton of Allhallows the Great in 1728, 'put under the Care of a Physician till he be admitted into Bethlehem Hospital', while the churchwarden was to enquire 'for a proper place for his Reception & [to] make the best Terms he can for his Diett Physick & c'; indicates how centrally Bethlem was conceived of and utilised on the limited scale of medical provision available for the poor insane, and testifies to a pragmatic acceptance of responsibilities for both maintaining and curing such individuals<sup>310</sup>.

The standard treatment afforded mad parishioners was blood-letting, as might be expected given its comparative cheapness (generally costing no more than 1/ a time), its ready availability (even the humblest local practitioner being capable of performing the operation) and its universality throughout the period as a staple remedy for both mental and bodily disorders<sup>311</sup>. When the parish of St. Botolph Bishopsgate was grievously afflicted by the plague, during 1665-6, time was still found 'for bloodinge Parnell Goodwin a Lunatike...at the Doct[ors] request'<sup>312</sup>. Rather more exceptionally, being more expensive, 'phisicke', normally a purge or a vomit, from a local apothecary, might also be paid for by parish officers<sup>313</sup>. In fact, parish officers appear

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<sup>308</sup> See *Ghall MS 6552/2*, entries 26 June 1695-2 July 1698; *BAR*, fol. 218.

<sup>309</sup> *Ghall MS 6552/2*, 12 Oct. 1683-9 July 1700; *6554/2*, 2 Nov. & 30 Dec. 1699, & *BAR*.

<sup>310</sup> *Ghall MS 819/2*, fol. 162.

<sup>311</sup> See e.g. St. Bride's parishioners:- Winifred Palmer (Parmer), whose mother Ann was paid 1/ on 2-4 occasions 'to Let her Daughter blood' in 1701, 7 years prior to her admission to Bethlem; & Anne Saish/Seish/Sice/Sayne who was bled & nursed at parish expense in 1700 (possibly having been in Bethlem during 1695-7), & ordered (without success) 'put into Bethlehem' by the Vestry in 1703. *Ghall MSS 6552/2*, 3 July 1700, 8 July, 10 Sept. & 4 Nov. 1701; *6552/3*, 9 Jan. 1702, 15 May 1708, etc.; *6554/3*, 13 April 1703; *BAR*, fols 122 & 212.

<sup>312</sup> *Ibid*, *4525/4*, fol. 52. See, also, *4525/9*, fol. 137, re. the local surgeon, Litchfield, being paid 1/6 'for leting Widdow Joan Perkins blood in the neck she Lunatick'; & *4525/32*, fols 227, 230, 241 & 247, & *4525/33*, fols 219-20 & 224, re. bleeding of Henry Hook, suffering from fits, in 1716-17, before his suicide and certification as a 'Lunatick'.

<sup>313</sup> See e.g. cases of Elizabeth Smith, for whose 'Phisicke' St. Bride paid an apothecary & ex-churchwarden, 10/, in 1659, 'she being distracted'; & Dorothy Peacock, 'distracted' in 1678, who was bled twice & given 'Medicines' by a local surgeon & apothecary, at an expense of 15/6; *Ghall MS 6552/1*, 29 Aug. 1659, & 29 Jan.-8 April 1678.

increasingly willing, or moreover able and obliged to afford such medical aid as the period progresses. While the attendance of the odd surgeon or apothecary on an insane parishioner was occasionally paid for by seventeenth century parishes, rarely were doctors afforded, yet during the eighteenth century the rise of the mad doctor is predictably an increasingly conspicuous feature in accounts of poor relief<sup>314</sup>. The vagrancy act of 1744, as is only too familiar to historians, was the first piece of legislation requiring parishes not just to restrain and maintain a pauper lunatic (as the act of 1714 had stipulated), but also to make them responsible for 'curing such Person during such Restraint'<sup>315</sup>.

As should already be quite clear, providing for lunatics was extremely expensive and troublesome, and Bethlem was sought after first and foremost for the charitable rates at which it offered secure and potentially long-term detention, rather than for the therapeutic assistance it offered. Bethlem was clearly the preferred choice of/favoured by parish officers less because of its promise of a cure, than as a cheaper alternative to private care, more especially for those violent cases who could not be easily contained within the ordinary parochial boarding-out system, and who had no families/friends willing or able to take care of them. Even in the eighteenth century, when fees for patients at Bethlem were generally quite uniform, parish vestries might order lunatic parishioners got 'into Bedlam at the easiest Charge possible', and on their discharge the priority was no different, parish officers being constantly enjoined to 'make provision in the Cheapest manner' they could<sup>316</sup>. The reaction of parishes and friends when their insane members in Bethlem were 'threatend to be turned thereout' highlights how inconvenient the discharge of patients might be for obligors forced to make further and more expensive provision, and the unburdening service the hospital was actually performing<sup>317</sup>. While increasing numbers of the pauper insane were maintained in the private madhouses proliferating from the latter seventeenth century, and in the metropolitan region in particular, private care was usually only

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<sup>314</sup> See e.g. case of Ann/Elizabeth Tate, whose parish of St. Botolph Bishopsgate pay for her lodging, with a downpayment of 12/, and also pay for the services of 'the D[octo]r for Physick and looking after her', to the tune of £1 1/, after her removal from St. Thomas's Hospital in 1720, 'being Lunatick'. *Ghall MS 4525/34*, fols 239-40 & 277.

<sup>315</sup> 12 Anne, c. 23, & 17 Geo. II, c. 5. See, also, Hunter & Macalpine's summary, in *300 Years of Psychiatry*, 299-301.

<sup>316</sup> See e.g. *Ghall MSS 877/2*, 9 May 1721, & *819/2*, fol. 199, 4 Oct. 1732, cases of Samuel Stiles of St. Benet Pauls Wharf & Elizabeth Darling of Allhallow the Great.

<sup>317</sup> See e.g. case of George Lyth, of St. Dunstan in the West, discharged after 8 months in Bethlem, on 28 Oct. 1710; *Ghall MS 3016/3*, fol. 126.

a temporary or exigency measure, until admission was obtained to, or in the event of exclusion or discharge from Bethlem, or another of the public hospitals established during the eighteenth century<sup>318</sup>. Other authorities, too, like the Sick and Wounded Board, utilised Bethnal Green and other madhouses solely as a half-way-house, or second choice, to Bethlem<sup>319</sup>. Although workhouses also received increasing numbers of the poor insane, from roughly the same period, many of those entrepreneurs who agreed contracts to farm out the parish poor, took exception where lunatics were concerned, particularly to the more difficult and violent cases, so that parish officers were frequently forced to turn to specialist provision at Bethlem or elsewhere<sup>320</sup>. When contractors like Richard Birch, who kept a workhouse at Spitalfields, Middlesex, agreed to take both the able and the sick poor of metropolitan parishes, but refused to accept any parishioners 'as are Raving and not Capable of being Controuled', their concerns were opposite to those prevailing at Bethlem<sup>321</sup>. Difficult, violent and destructive, pauper lunatics, expelled from contemporary workhouses and prisons were not infrequently transferred to the specialist detention of Bethlem<sup>322</sup>. Indeed, historians have tended to underestimate the nature and extent of the service Bethlem was performing in undertaking the care and cure of the most difficult and least desirable cases, given the lack of other alternative provision. On the other hand, there was clearly a tendency to use the hospital as a dumping ground for difficult cases for whom others

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<sup>318</sup> The examples are endless. Of 15 St. Botolph Bishopsgate paupers confined at Rhoden's Moorfields madhouse during 1695-1720, 3 had previously been in Bethlem; 2 were subsequently in Bethlem; 1 had been rejected from Bethlem, & 1 died there while awaiting a vacancy at Bethlem. Such houses were presumably often established close to Bethlem, St. Luke's and other public hospitals, with the design of feeding off their clients. See, also, *Ghall MS 877/2*, 10 July 1729, case of Thomas Hensman/Henchman, of St. Benet PW, at Wright's Bethnal Green madhouse, until his admission to Bethlem, in 1729.

<sup>319</sup> See e.g. cases of William Cook & John Williams, *PRO Kew ADM.99/16*, 24 Dec. 1742, 3 Jan. 1743; *ADM.19/18*, part 4, 18 July 1744. Just 7 days maintenance for Cook at Bethnal Green cost the Sick & Hurt Board 14/.

<sup>320</sup> E.g. the contract of St. Stephen Coleman Street with John Flower, proprietor of a workhouse at Beech Lane, St. Giles Cripplegate, dated 30 Oct. 1771, contained the clause 'Lunaticks only Excepted'. William Rockett, of Rose Street, St. Anne Soho, proposed in 1775 to take both 'Fowl & Lunaticks', only provided the parish 'pay the additional Expence arising therefrom'. See *Ghall MS 4501*.

<sup>321</sup> Birch and other workhouse contractors and private madhouse proprietors had little objection to accepting those patients, like Thomas Cope of Dionis, discharged 'not fit' to be readmitted as an incurable to Bethlem; i.e. those who had been deemed innocuous, sick and weak, etc; although they usually charged extra for lunatics. For Birch's contracts with the parish of St. Dionis, dated 17 March 1761 & 23 Aug. 1765, see *Ghall MS 11280A/4*; for Cope, see *ibid*, 11280A/4-5; 4215/2; 4501/2; 4049/5.

<sup>322</sup> See e.g., case of John Bewley, mentioned in *LEP*, Nos 5829 & 5846, 9-12 March & 18-20 April 1765.

had refused to cater<sup>323</sup>.

During the seventeenth century, the majority of the insane were retained in their localities, with their families or parish nurses. While this remained true even as alternative provision mushroomed during the latter seventeenth and eighteenth centuries, around six times as many insane parishioners as before, from the metropolitan area at least, were now being maintained outside their neighbourhoods, in institutional care, at Bethlem and other hospitals, at private madhouses, and at workhouses. Between them, the ten London parishes I have examined in depth (Allhallows Lombard Street, Allhallows the Great, St. Benet Paul's Wharf, St. Botolph Aldersgate, St. Botolph Bishopsgate, St. Bride, St. Dionis Backchurch, St. Dunstan in the West, St. Sepulchre (London) & St. Stephen Coleman Street), utilised a wide range of institutional provision for their insane parishioners, during this period. Amongst the private madhouses, Hoxton and Bethnal Green were particularly popular (being the largest and cheapest), although others, including those at White Cross Alley, Moorfields; Finsbury; Hackney; Dog Row, Mile End New Town and Newington; were used in a more limited way. St. Botolph Bishopsgate alone used at least four (and possibly five) private houses for its insane parishioners prior to 1720; supporting three paupers at John Biggs's (Bromley?) madhouse during 1676-78; one at John and Jane Smith's Hackney madhouse during 1698-1700; five at John (or/and William) Ingram's Stepney madhouse during 1715-19, and fifteen at Robert (and Thomas) Rhoden's Moorfields madhouse during 1695-1720.<sup>324</sup> Bargains were also struck with physicians and other practitioners, some of whom must also have kept small, private establishments; amongst them Dr. Fabricius/cay (active in the 1720s), and Dr. Charles Browne, of Newport Pagnell, Bucks. Of a number of workhouses available to these parishes, those at Cheshunt, Herts and Hoxton, were commonly taken advantage of, while others at Bishopsgate, Tottenham, St. Mary Newington. Spitalfields, were also used.

Of five St. Dionis parishioners admitted to Bethlem during 1639-1700, for example, not one appears to have been supported in a private madhouse or workhouse. Of fourteen, admitted during 1700-69, however, at least three had been supported at Miles's Hoxton madhouse, two

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<sup>323</sup> See e.g. cases of a mad sailor who escaped from the waggoner and was apprehended by parish officers at 'Main Stoke', in 1742, on his way up to London for admission to Bethlem, but whom the officers refused to keep & the waggoner refused to have anything more to do with; & a lunatic seaman whom Hicks, Naval Hospital Surgeon at Sheerness, 'refused to receive' in 1741, claiming his quarters were full, who was ordered to be sent up to Bethlem. Parish officers and other authorities often had to pay waggoners considerable fees to agree to take lunatics up to London. See *PRO Kew ADM 99/13*, fol. 387; *ADM 99/15* fols 151 & 155.

<sup>324</sup> Churchwardens' accounts from the 1770s, reveal that, subsequently, Bishopsgate, like most city parishes, was to rely on Bethnal Green & Hoxton primarily for such provision, but its poor relief accounts not being extant for the period 1720-63, the transition is impossible to chart.

at Bethnal Green madhouse, and one at a workhouse, immediately prior to their admission at Bethlem; while at least two were, subsequent to their discharges, sent to Bethnal Green, two to Hoxton, one to Dr. Browne's at Newport Pagnell, and two to a workhouse<sup>325</sup>.

### Mortality and lunacy

Prior to 1683, for which period no admission registers are extant for Bethlem, it is difficult, if not impossible, to estimate the mortality of the hospital's patient population. Court of Governors Minutes rarely register the death of a patient, while the burial registers of St. Botolph Bishopsgate, which do frequently record the deaths of patients 'at bethlem hous' (most being buried in the Bethlem Churchyard situated in that parish), by no means provide a comprehensive or consistent account. Given that numbers admitted to the hospital are also difficult to estimate from available sources, it would clearly be foolish to make any confident assertions on the matter. Some indications may be gathered, nevertheless, by correlating the numbers of patients mentioned in the Bishopsgate registers during the early seventeenth century (when the record appears to be more complete), with the estimated numbers of patients in Bethlem at that time. During the fifteen years, 1606-20, 36 patients (17 men:19 women) are recorded in these registers as dying at Bethlem, indicating a modest, gender-indiscriminate, average mortality of just over two patients a year, or between 8 and 12% of the estimated annual population of the hospital. That seventeen patients were buried in just the three years 1608 and 1612-13, however, or about 25% of the annual patient population, indicates that some years were worse than others, and that these figures may only be trusted with reservation. Burials recorded in the registers between the 1640s and 1680s seldom mention if individuals had died at Bethlem. Three years when they do, however, 1665-7, record only thirteen deaths at Bethlem and record a mean age of death amongst these thirteen of just over 46, only slightly below most modern estimates of the metropolitan mean for adults in the seventeenth century<sup>326</sup>.

<sup>325</sup> Cases of Christopher Symmonds, Joan Lash alias Rogers, Henry Mills, Mary Lane, Elizabeth Adams, James Speller, Thomas Slannard, Jane Cash, Elizabeth Hickman, Judith Rayner, Anne Beglin, Mary Mitchell, Jane Iselton, Henry Marshall, William Johnson, John Whetstone, Thomas Cope, James Peggerin & Joyce Sargent (Sergison). See *Ghall MSS* 4216/1-3; 4215/1-2; 4220/1-2; 4049/5; 4501/2; 4956/3; 11280/1-6; *BCGM*, 21 April 1648, 7 June 1654, 19 Jan. 1655, 20 & 27 April 1659, 23 Nov. & 16 Dec. 1664, fols 344, 660, 689, 126, 129-30, 119, 125; *BARs* & *BIARs*. Interestingly, in Speller's case, the vestry had rejected an initial offer for his support (with Speller's discharge from Bethlem imminent) by a Mr. Newton (probably, the Dr. Newton who had a house at Newington, Surrey possibly related to, or the same man as, the James Newton who had a house at St. James Clerkenwell) of 10/ p/w + 'a Guineas Entrance' as 'Unreasonable'. St. Dunstan's in the West also appears to have decided against lodging a parishioner, George Lyth, with Newton, after his discharge from Bethlem; although was to lodge and continue John Soudy there on his discharge in 1716, despite Newton refusing in 1720 'to keep him any longer under 6/ p[er] weeke'. See *ibid*, 2968/7, 5 Dec. 1710-7 Feb. 1711, 13 Nov. 1712-1720; & 3016/3, fol. 215.

<sup>326</sup> For the source of these calculations, see *Guildhall MSS* 4515/1-4. Age of death is seldom given in any of the



It is not until after the hospital's resiting at Moorfields, however, and some years after Thomas Tymes had received the dubious honour of being recorded as 'ye first Lunatick in new Bedlam Buryed', in the burial registers for St. Stephen's Coleman Street, that any reliable impression can be gained of percentage mortality at Bethlem<sup>327</sup>. These burial registers record the deaths of only 43 lunatics in Bethlem during 1680-90<sup>328</sup>, and only from the 1690s do they appear to record almost every patient's burial. Although not every lunatic dying in Bethlem was to receive burial in the New Churchyard abutting the hospital, the vast majority certainly were, indicative of the unceremonious resignation with which their death tended to be regarded, if primarily dictated simply by convenience, custom and patients' poverty. From 1690-94, Coleman Street's burial registers appear to tally with the hospital's admission registers in recording the death of 89 patients, comprising 36 women and 53 men; a high average death rate of roughly 18 patients a year, or about 15% of the hospital's mean annual population. It is not until the 1690s, either, that gaps in the Bethlem Admission Registers appeared sufficiently minor (and settlement/occupational information, sufficiently major) to justify selection for a comprehensive statistical analysis.

Tables 6t-v which list the results of admissions as derived from the Bethlem Registers for the 25 year period 1694-1718, demonstrate that out of a total of 1841 admissions of which the result is known, 355, or over 19%, were to end with the death of the patient in Bethlem. This represents a particularly high proportion, although the death of an average of about fourteen patients a year denotes only about 11% of the average annual patient population over the same period, and this appears to have been no worse, if not marginally better, than mortality at the county asylums founded in England during the latter eighteenth and early nineteenth centuries<sup>329</sup>. What is even more striking, however, is the disproportionate numbers of male patients dying at Bethlem, comprising 59% of the total known deaths (as, indeed, they had done during 1690-94). While only about 16% of females admitted to Bethlem during this period were to die in the

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hospital's own patient records during the period. For statistics on age of death in the metropolis, & nationally, see e.g. Thomas R. Forbes, 'By what disease or casualty: the changing face of death in London', in Webster (ed.) *Health, Medicine and Mortality*, 117-39, esp. 123-4; Wrigley & Scofield, *Population History*.

<sup>327</sup> Tymes was buried on 2 August 1676; see *Gldhall MS 449/2*.

<sup>328</sup> In obtaining this figure, I have verified Rosemary Weinstein's arithmetic to my own satisfaction from the Coleman Street registers.

<sup>329</sup> See e.g. Digby, *Madness, morality and medicine*, 225; Charlotte Mackenzie, 'Social factors in the admission, discharge, and continuing stay of patients at Ticehurst Asylum, 1845-1917', in Bynum, Porter & Shepherd (eds), *Anatomy of Madness*, ii, 150. For general eighteenth century urban mortality, see e.g. P. J. Corfield, *The Impact of English Towns* (Oxford, OUP, 1982), 109-23.

hospital, over 22% of male admissions had a mortal result. This appears to have accorded with the general gender pattern of mortality at early modern English hospitals, where male patients seem almost invariably to have died in considerably larger proportions than females, although some historians have found much larger disparities than 6-9%.<sup>330</sup> Nor can the disparity at Bethlem be explained by duration of stay, for male patients' stay tended to be substantially shorter than that of females (see Fig. 6k). Contemporary mortality was generally, of course, higher amongst men than women. Certainly, these findings are not sufficient to indicate any innately heightened mortality amongst insane men; on the contrary, admission to Bethlem may have operated as something of a leveller of gender mortality differences, compared to national averages.

Mortality was even higher, as is only to be expected, amongst those incurable cases supported at Bethlem during the eighteenth century, all having been admitted indefinitely, until they either recovered, or died. Table 6n, however, reveals a particularly high and uneven mortality rate on the incurables wards over the period 1728-1800. Of all those incurables known to have died, escaped or been discharged during the course of this period, 70% met with their deaths (and in only 1% of all cases, is the result of stay unknown). While during 1728-50, 8% more incurables died than were discharged; during 1751-75, the disparity was fivefold, or 66%, and during 1776-1800, it was almost threefold, or 46%. That incurables were only being admitted to Bethlem from 1728, and that the hospital was only gradually defining and stringently enforcing its criteria as to incurables' fitness for admission, may suffice to explain why so few incurables (proportionately speaking) died at Bethlem during the first period. A similar argument would not do on its own, however, as an explanation for the remarkable peak in mortality during 1751-75, and the generally high death rate over the period 1751-1800. Indeed, these figures indicate that Bethlem was an especially insalubrious environment for those patients who experienced long exposure to it, and that in certain specific periods; 1746-55, 1761-71, 1791-3; and in certain individual years; 1746, 1751, 1762, 1763, 1767, 1770, 1771, 1793 and 1800; patients may have been the victims of contagions. Obviously, the latter suggestion must remain extremely tentative, in the absence of detailed information concerning causes of death, and without thorough corroboration from a similar analysis of contemporaneous curables admission registers (although the secluded situation of the incurables wards, may have produced a distinct pattern of mortality). A cursory study of the curables registers during the 1760s does, however, indicate that smallpox was afflicting Bethlem with some virulence, while one assumes that the

<sup>330</sup> See e.g. Forbes, 'The changing face of death', in Webster *Health, medicine & mortality*, 130, who found that 60% of hospital deaths recorded in the burial registers of St. Giles during 1774-93 were male, & only 38% female, with 12% undetermined. See also Digby, *Madness, morality & medicine*, 228, table 9.7.

hospital's visitable inmates were far from immune to the outbreaks of influenza, consumption, typhus, and numerous other infectious diseases, which intermittently afflicted so many urban centres over the course of the period. On the other hand, mortality amongst the incurables of Bethlem (at least) does not seem to have been much worse than amongst the 'uncured' of St. Luke's<sup>331</sup>.

8% more male incurables than females died at Bethlem during 1728-1800, a rather insignificant percentage, perhaps, given that only twelve cells existed for female incurables until 1734. When assessed alongside the higher percentage of females discharged, and moreover, discharged *well*, however, this would seem more important, and probably reflects the greater emphasis on security prevailing where male patients were concerned, which tended to dictate their detention for longer periods in the hospital.

Contemporary views of the relationship between madness and death were highly negative during the classical age. Despite the currency of anthropomorphic theories which attributed to the insane, freakish capacities for imperviousness to painful sensations and even to bodily disease, lunacy was more frequently recognised as a destroyer, than a preserver. Lunacy was registered as actual cause of death, both in seventeenth century London Bills of Mortality (where lunatic deaths were largely made up of patients who had died in Bethlem) and also in the burial registers of the Bethlem Churchyards and of metropolitan parishes in general<sup>332</sup>. While John Graunt acknowledged a distinction between those 'Lunaticks that die...of Fevers and...other Diseases, unto which Lunacie is no *Supersidias* and those that die by reason of their Madness', and comforted his readers about the unlikelihood of them dying in Bethlem, he accepted pessimistically that 'all who die' in Bethlem 'die of their Lunacie'<sup>333</sup>. Likewise, although, taking the unorthodox stance in the mid-eighteenth century, John Monro dismissed as 'vulgar error' the popular notion (not, in fact, supported by Battie) that 'madmen are long lived', claiming (no doubt, with the hospital's incurables very much in mind), 'that *madness* destroys two thirds of those who are afflicted with it'; either way the madman was the loser<sup>334</sup>. He was doomed by

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<sup>331</sup> See *SLGCM*, 9 Jan. 1800.

<sup>332</sup> The former point was made by Macdonald, *Mystical Bedlam*, 145, citing John Graunt's study, *Natural and Political Observations...Upon the Bills of Mortality* (London, 1662), 20 & 174. I make the latter from perusing, in particular, the burial registers of St. Botolph Bishopsgate & St. Stephen Coleman Street, where most of the insane are said to have 'Died lunatick in Bedlam', but some are recorded as having 'Died of Lunacy in Bedlam'. See *Guildhall MSS 4449/2, 4441 & 4455*, & also the, as yet, unpublished book on Coleman Street parish by Rosemary Weinstein, at the Museum of London.

<sup>333</sup> Graunt, *ibid*, 22.

<sup>334</sup> Monro, *Remarks*, 26-7; Battie, *Treatise*, 61-2.

insensibility, to a prolonged, vegetative existence; or, 'by [his own constitutional] obstinacy', was condemned to a premature death, at the hands of 'chronical and lingering diseases'<sup>335</sup>. William Black agreed with Monro that 'mental derangement...adds to .mortality'<sup>336</sup>. While it may have been popularly held that, as Thomas Bowen put it, 'instances of longevity are frequent in insane persons', such a belief merely confirmed to contemporaries what a tremendously expensive burden the chronically insane were to their friends and parishes<sup>337</sup>.

When madness at Bethlem was conceived retroactively as a terminal disease; as per se an explanation of death; one might expect that its Governors and medical officers had recourse to a ready-made explanation for the high mortality suffered by their patients. As John Monro put it, madmen, 'are very subject to apoplexies, and to strong convulsions, which frequently end in death'; i.e., by their very nature or *because they are mad*<sup>338</sup>. Monro's remarks are confirmed, as one might also expect, by the high incidence of deaths recorded in the Bethlem Admission Registers caused by 'fitts', often identified as of a convulsive or apoplectic genus<sup>339</sup>. Apoplexy also claimed a large proportion of deaths in the London Mortality Bills, as did 'convulsions' in the burial registers of London parishes (although the latter was mostly reported amongst infants)<sup>340</sup>. Furthermore in agreement with Monro's remarks, parish records register a strong interface between lunacy and fits, a large number of poor parishioners tending to be described as

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<sup>335</sup> Monro, *ibid*, 26. Battie accepted that 'Consequential Madness' (i.e. madness arising from 'other disorders or external causes'), often meant a premature death, by its tendency towards complications 'of these causes and disorders'; *Treatise*, 61-2.

<sup>336</sup> Black, *Dissertation on Insanity*, 27-8; Hunter & Macalpine, *Psychiatry*, 647.

<sup>337</sup> Bowen, *Historical Account*, 7.

<sup>338</sup> *Ibid*. Monro was perhaps groping towards an awareness of G.P.I. in his observations on the frequency of apoplectic paralysis amongst his patients. Apoplexy was usually defined, however, little more precisely than as a sudden and extensive insensibility, bereft of convulsions, in contemporary medical treatises; while still remaining closely associated with epilepsy and convulsions, and being regularly blurred with the symptoms of vapours & hysteric fits/suffocation of the mother.

<sup>339</sup> See *BAR*, e.g. vol. 1685-1747, esp. from c1730s onwards.

<sup>340</sup> John Graunt calculated 1,306 deaths from apoplexy, out of a total of 229,250, (i.e. c0.6%) during 1629-39 & 1647-60, more than he calculated to have been killed by accidents. 'Falling Sickness' or epilepsy accounted for only 74 deaths, however. Forbes computed that convulsions accounted for 10 & 32.5% of the deaths (with known causes) in the respective parishes of St. Martin-in-the-Fields & St. Giles Cripplegate at the ends of the seventeenth & eighteenth centuries. See Graunt, *Natural and Political Observations*, 22; Hunter & Macalpine, *Psychiatry*, 166-7; Forbes, 'The changing face of death', in Webster *Health, medicine & mortality*, 125-7.

suffering from both afflictions<sup>341</sup>. While, by the eighteenth century, those suffering from fits or apoplexy were being rejected on admission, or discharged, not just from Bethlem, but from most contemporary hospitals, it was only gradually, and intermittently, that Bethlem succeeded in excluding such patients. Only one of the 82 applicants for admission to Bethlem during 1709-28 was rejected explicitly because of a history of fits (see Table 6j); while only seven applicants are recorded as rejected from admission during 1731-6, although 3 of these were suffering from 'fitts'<sup>342</sup>. That deaths from 'Convulsion fitts' or 'Fit[s] of Apoplexy' are so common amongst short stay or 'curable' cases, and so rare amongst chronics or 'incurables', suggests that individuals were regularly being simply misdiagnosed on admission, and were really suffering from terminal illnesses or victims of strokes, which had damaged their mental ability<sup>343</sup>. On the other hand, the hospital was both better able, and more strict, in rooting out apoplectic/convulsive patients once they had been admitted for an initial spell, and many curables were clearly discharged as 'unfit', or 'incurable and not fit', for this reason, while it was plainly in the interests of those friends and parishes proposing patients for admission to conceal any past history of such afflictions<sup>344</sup>. The great contemporary catch-all killer, 'fevers', was barely mentioned by Monro, or other sources I have examined on mortality at Bethlem, nor does it appear as a cause of death in the hospital's admission registers; reflecting the prevailing conception of insanity as, itself, 'a fever of the mind'<sup>345</sup>. To maintain that the insane died of fevers would, thus, have been

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<sup>341</sup> See e.g. cases of Henry Hook, 'troubled with fitts' in 1715; bled 4 times in 1716 at parish expense; & adjudged a 'Lunatick' after an inquest, in 1718, having hanged himself; & George Slate, described as a lunatic and lodged with a local mad doctor, Fabricay, who also gives him medicines 'against ye Falling Sickness or fitts'. See, also, cases of Hannah Clarke's daughter, 'with sad fitts almost distracted' in 1694, & Elizabeth Bright, daughter of Elizabeth. *Gldhall MSS 4525/16*, fols 60, 106-7, 149-50, etc.; *4525/17*, fols 139-40, 159, etc. *4525/31*, fols 139, 247; *4525/32*, fols 227, 230, 241, 247; *4525/35*, fols 66, 247-8, 254, 257, 277.

<sup>342</sup> See *BSCM*, 6 May 1721 (fol. 107), 6 May 1732, 22 Feb. & 31 May 1735.

<sup>343</sup> Only 3 incurables are recorded to have perished from fits (2 being designated apoplectic) & only 2 were discharged explicitly because suffering from fits. See *BIAR*, fols 9, 32, 40, 56 & 72, cases of Anne Prince, Thomas Lombard, Dennis Peacock, Catharine Shearman & Mary Butler. Haslam said remarkably little about mortality & lunacy in his *Observations on Insanity*. See, however, 120-21, where he discusses briefly 'paralytic affections' as a 'frequent cause of insanity', &, alongside smallpox & epilepsy, as tending to prove 'fatal' & incurable.

<sup>344</sup> 6 curables are recorded as discharged with 'Fitts', e.g., in the admission registers during just one year, 1735-6. For individuals with 'convulsion fitts' brought before the Bridewell Court & discharged, see e.g. *BCGM*, 8 Nov. 1655, fol. 480.

<sup>345</sup> See Monro, *Remarks*; von la Roche, *Sophie in London*, 168. According to Cruden, however, James Monro made a firm distinction between insanity and the milder condition of 'a Fever on the Nerves', while John, contrary to William Battie, was careful to distinguish between delirium & lunacy. See Cruden, *Mr. Cruden Greatly Injured*, 7, & Monro, *Remarks*, 8. 'Fevers' ranked 3rd on Black's list of causes of insanity in admissions to Bethlem during 1772-87; *Dissertation on Insanity*, 18-19.

considered somewhat tautological.

There seems little doubt that mortality declined at Bethlem during the course of the eighteenth century. Spital reports covering the period 1681-1775, indicate that mortality was rapidly declining, particularly during the last quarter of the eighteenth century, from a high of almost  $\frac{1}{3}$  of admission results at the beginning of the period, to only  $\frac{1}{10}$ , by the period's end<sup>346</sup>. Black calculated the mortality rate at the hospital as only 8% of all those admissions that had a result during 1772-87<sup>347</sup>. Undoubtedly he was right to attribute this primarily to the efficient exclusion of patients with palsy, epilepsy or other fits, and others found sick and weak, from the hospital, either at or subsequent to admission, and to suggest that the real mortality rate would have been a good deal higher if the hospital had retained 'many' patients discharged 'on the confines of the grave'. As parish records make only too clear, nevertheless, this was not a policy pursued at Bethlem alone, but was common to most metropolitan hospitals dealing with the sick poor<sup>348</sup>. The Committee Minutes and Admission Registers provide a somewhat desultory document of patients rejected, discharged or given leave, because 'weak' or 'like to dye'<sup>349</sup>. It seems doubtful, however, that the hospital's own improvements in patients diet to combat scurvy radically improved the death rate there (although the extirpation measures taken with regard to smallpox may have had limited success). Mortality was generally on the retreat in eighteenth century Europe, and recent demographic research; while accepting that mortality in London as a whole fell, particularly over the latter part of the eighteenth century, from around twice that of the national rate to a level almost equal to the national norm by the end of the century; is unconvincing in its arguments concerning the significance of nutritional factors<sup>350</sup>.

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<sup>346</sup> 9 annual Spital reports found for the period 1681-1705 claim a high mortality rate of 29% of the number of admissions which had some result in the same period, or 17% of the average patient population. 5 reports found for 1739-58, claim a mortality rate of 27%., or 20% of the average patient population, while figures taken from the 10 reports covering the years 1759-68 claim mortality rates of 25% & 20% respectively. 2 reports for 1772-5 give rates of only 10% & 9% respectively.

<sup>347</sup> Black, *Dissertation on Insanity*, 27-8; Hunter & Macalpine, *Psychiatry*, 647.

<sup>348</sup> See e.g. *Ghall MSS 4525/18*, fol. 69, 28 June 1697; 'p[ai]d Mary fowkes for keeping John Sharpe In a very bad Condition Turned out of the Hospital'; *4525/20*, fol. 143, 18 Sept. 1700; 'p[ai]d the Coachman for bringing William Morgan from St Bartholomews Hospitall Returned out oncurable'; *818/2*, 1726-8 accounts, case of Mrs Collier 'turned out' of the hospital 'sick' & dead soon after; *6552/3*, 25 Nov. & 6 Dec. 1720; 'p[ai]d The Porters for Carrying Thom[a]s Skelton to ye hosp[ita]ll & back again not taken in'; 'Bearers for Thomas Skelton'.

<sup>349</sup> See e.g. *BSCM*, 23 June 1711, 1 Nov. 1729, fols 58, 111.

<sup>350</sup> These conclusions were driven home recently by John Landers in a paper entitled 'Chance or necessity ? The transformation of London's mortality pattern, 1670-1840', delivered at the IHR, London, in Nov. 1989.

Suicide appears to have been remarkably exceptional as a cause of death at Bethlem, given that one of the major criterions of eligibility for admission throughout the period was being 'dangerous', or having attempted 'mischief', towards oneself or others. The inescapable conclusion is that just as suicides were under-registered in the London Bills of Mortality, they also frequently went unrecorded in the Bethlem Admission Registers.

## Conclusion

While Bethlem was primarily a detention centre for the temporary, and not infrequently, quite prolonged incarceration of the dangerous and unwanted insane poor, it is clear from the foregoing analysis that the hospital served a broad array of functions and needs beyond the carceral. The records I have examined testify most eloquently to the extreme nuisance and burden the pauper insane constituted for local inhabitants, and to how much the object of committing patients to Bethlem was the expulsion and confinement of bothersome and threatening presences within the family and neighbourhood. Yet they also document a strong element of compassion for the afflicted, and a significant and authentic concern with their cure, informing and motivating committals; a concern which was occasionally manifested in genuine, alternative efforts to obtain a recovery, prior to a sufferer's reception at Bethlem, and which was reflected and emphasised in the hospital's own admissions policies towards the insane. Not just any madman or woman was admitted to Bethlem. An increasingly sophisticated array of conditions and exclusions imposed by the hospital over the course of this period, attempted; although with very limited success; to restrict eligibility, to those patients deemed dangerous and curable. The need for applicants to satisfy these conditions and (in most cases) to obtain a governor's nomination; a continual shortage of space, as expansion or supply at Bethlem was matched by public demand; and the hospital's mounting commitment to a rapid turnover of 'curable' cases; meant that while some patients indeed 'languished there for years'<sup>351</sup>, the great majority were short-stay cases. There is little to justify Masters' odd claim that 'a "a guest" was jealously retained unless he or she could be replaced by another'<sup>352</sup>. Admission to Bethlem was often sued for and conferred as something of a privilege. This privilege was sharply circumscribed, however, and belonged more to obligors than to patients. Indeed, there is no escaping the conclusion that Bethlem

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See also Wrigley & Schofield, *Population History*; & for a contrary view, T. R. McKeown, *The Modern Rise of Population* (London, 1976), & *idem* with R. G. Record, 'Reasons for the decline of mortality in England & Wales during the nineteenth century', in *Population Studies*, xvi (1962), 94-122.

<sup>351</sup> Macdonald, *Mystical Bedlam*, 4.

<sup>352</sup> Masters, *Bedlam*, 63.

did more for its public and paying clients, than it did for its patients. While the majority of Bethlem's patients and clients were of the poorer sort, and hailed from London, Middlesex, and their environs, it is also evident that the gradations of social and economic status amongst them were much more varied than historians have realised, and that the extent of the hospital's notoriety, was mirrored in a partial way, by its national catchment area, which, particularly after the move to Moorfields, extended to the furthest reaches of the kingdom. Historians have tended to underestimate the value of the service Bethlem was performing in furnishing and extending affordable provision for poor families and parishes bereft of sufficient means to provide themselves, when alternative facilities were so limited and so expensive. While families of means preferred to purchase superior living conditions for their difficult, distracted members at private madhouses, where it was hoped they might be treated in a way more befitting their gentility; parishes and families deprived of such purchase power tended to lodge insane members at private madhouses only if failing, or awaiting, to obtain a vacancy at Bethlem, or some other, equally cheap, public hospital.



FIGURE 6a

OBLIGORS FOR "INCURABLE" PATIENTS ADMITTED TO THE "INCURABLE" WARDS AT BETHLEM.

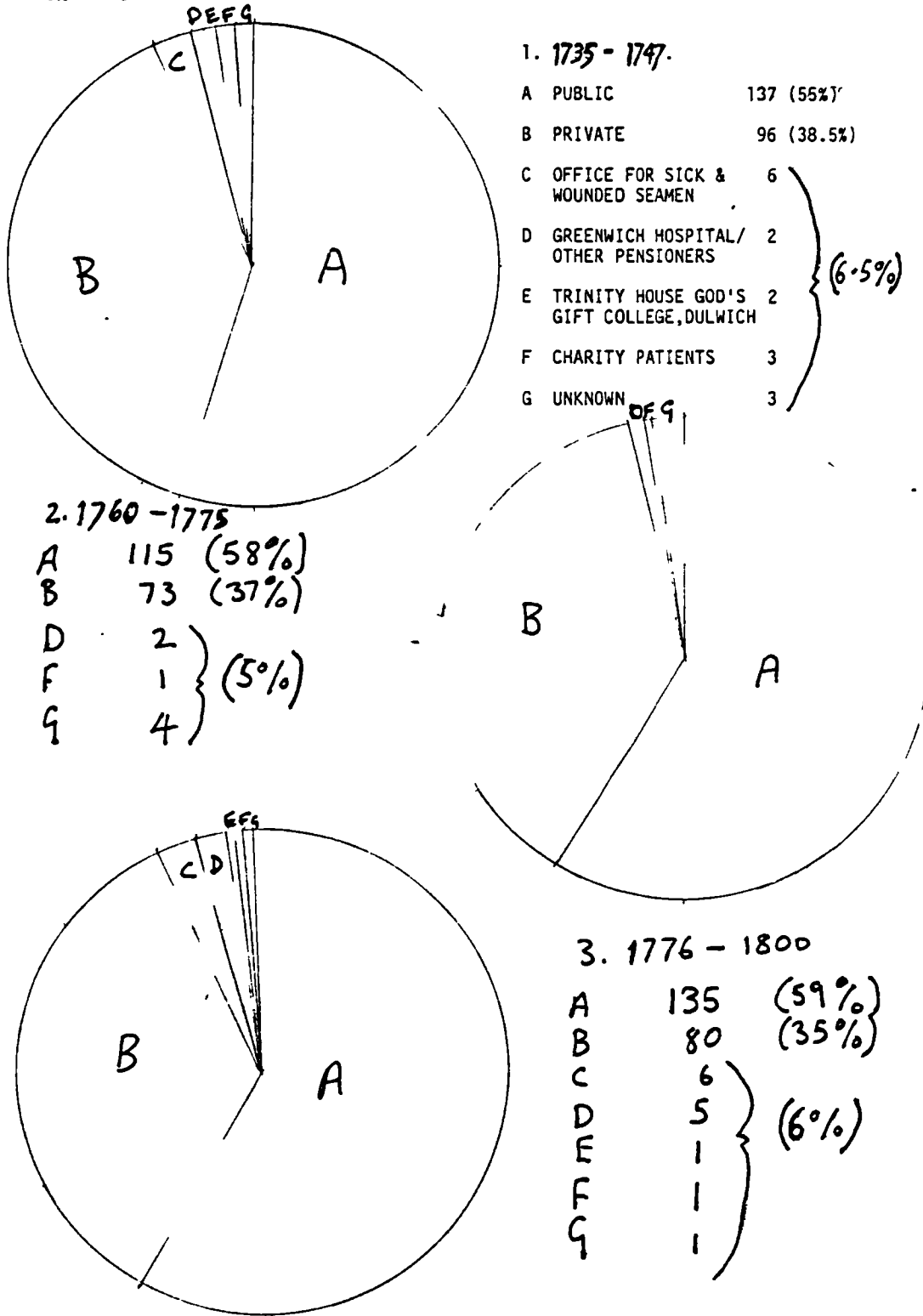
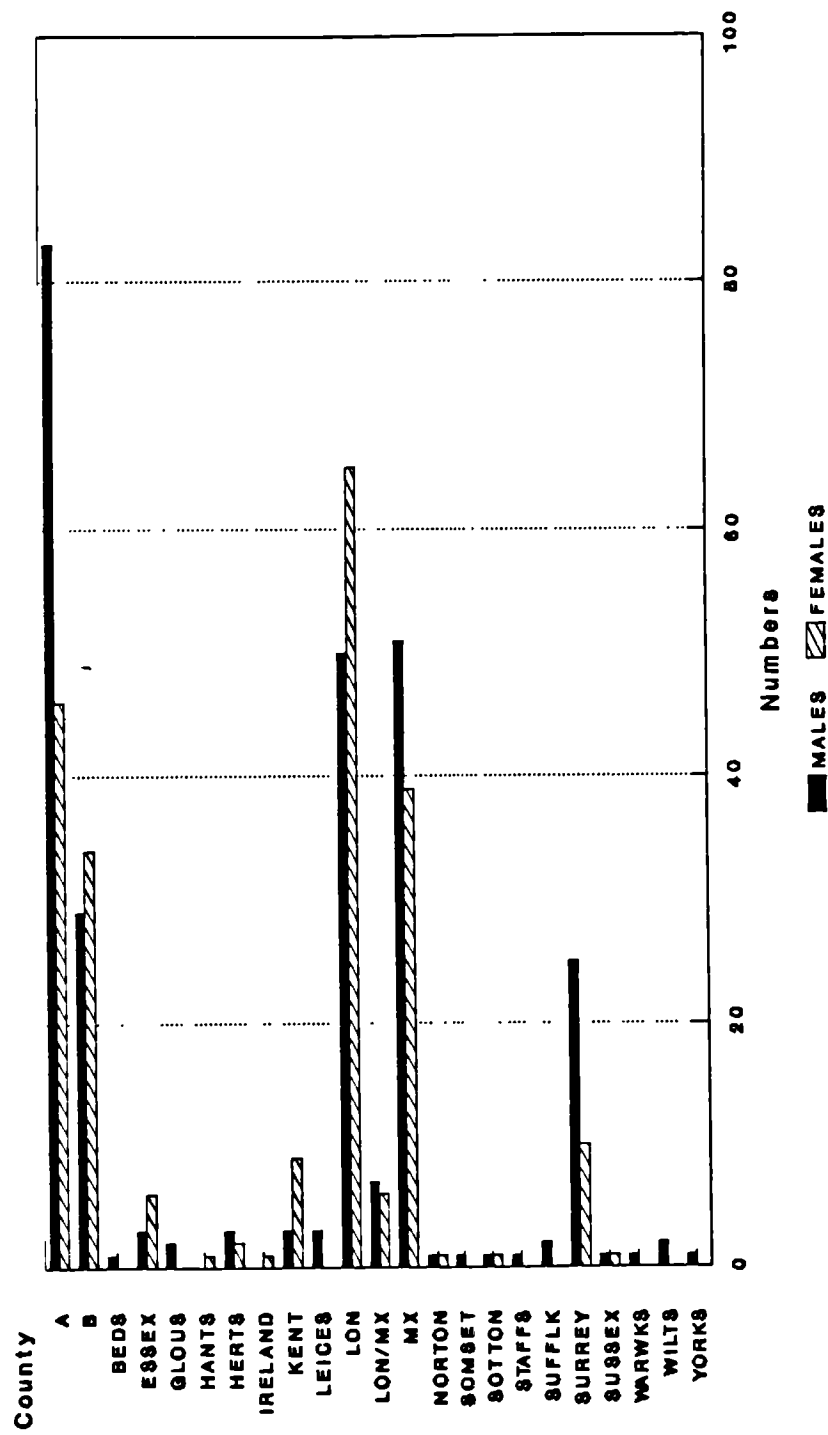
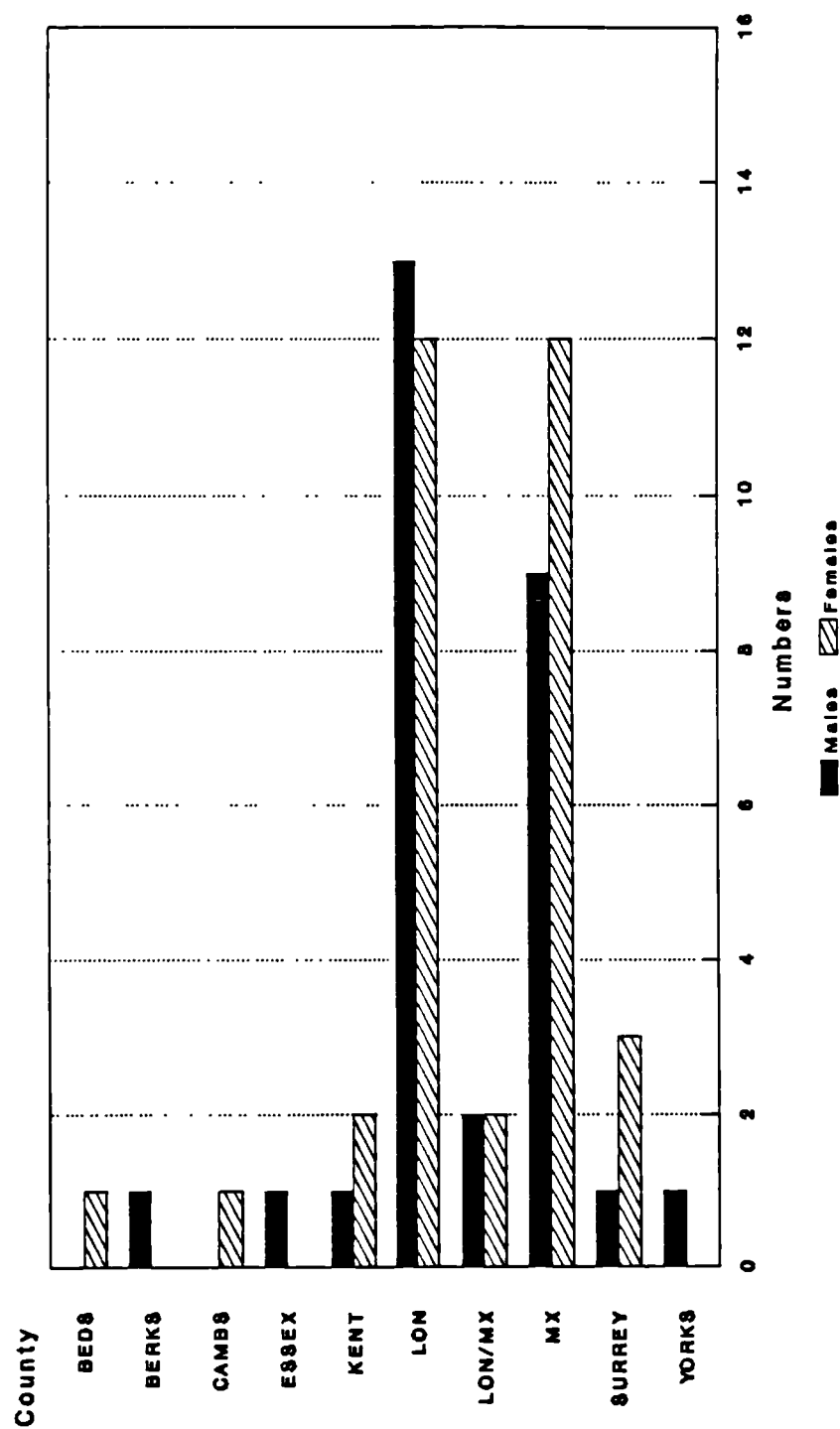


Fig. 6b: Patients' Settlements (for each distinct case), 1640-80



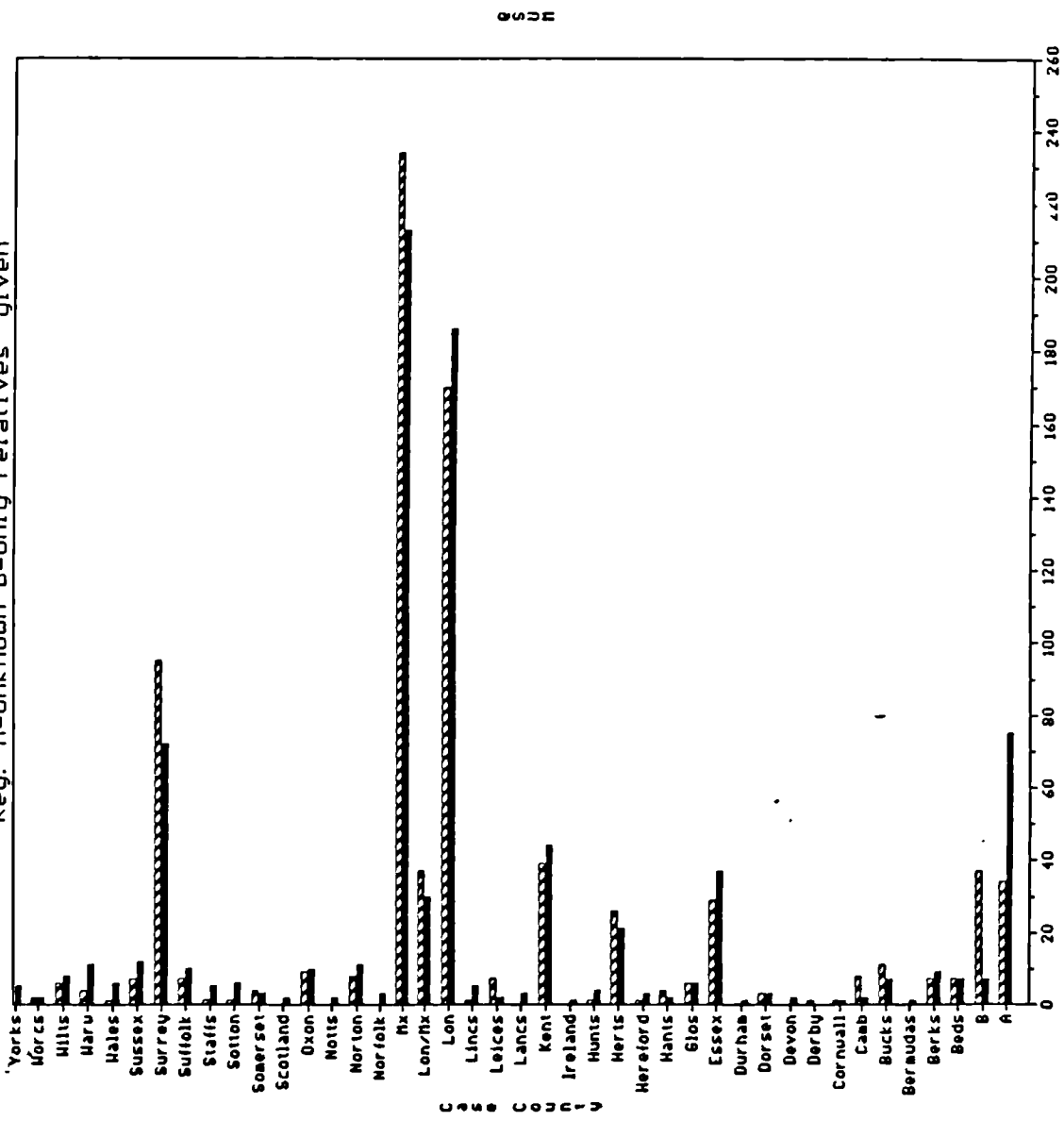
Key: A-Unknown B- Only Friends' Settlement Given

Fig. 6c: Settlements of Patients' Relations/Friends, 1640-60



Including only those cases for whom no settlement of their own was found

**Fig. 6d(i)** Patients' settlements (for each 'distinct case) 1694-1718  
Key: A=Unknown B=Only relatives' given



PSH

FIG. 6(11) PATIENTS' SETTLEMENTS (EXCLUDING LONDON & MIDDLESEX) 1694-1718

Key: A=Unknown B=Only relatives' given

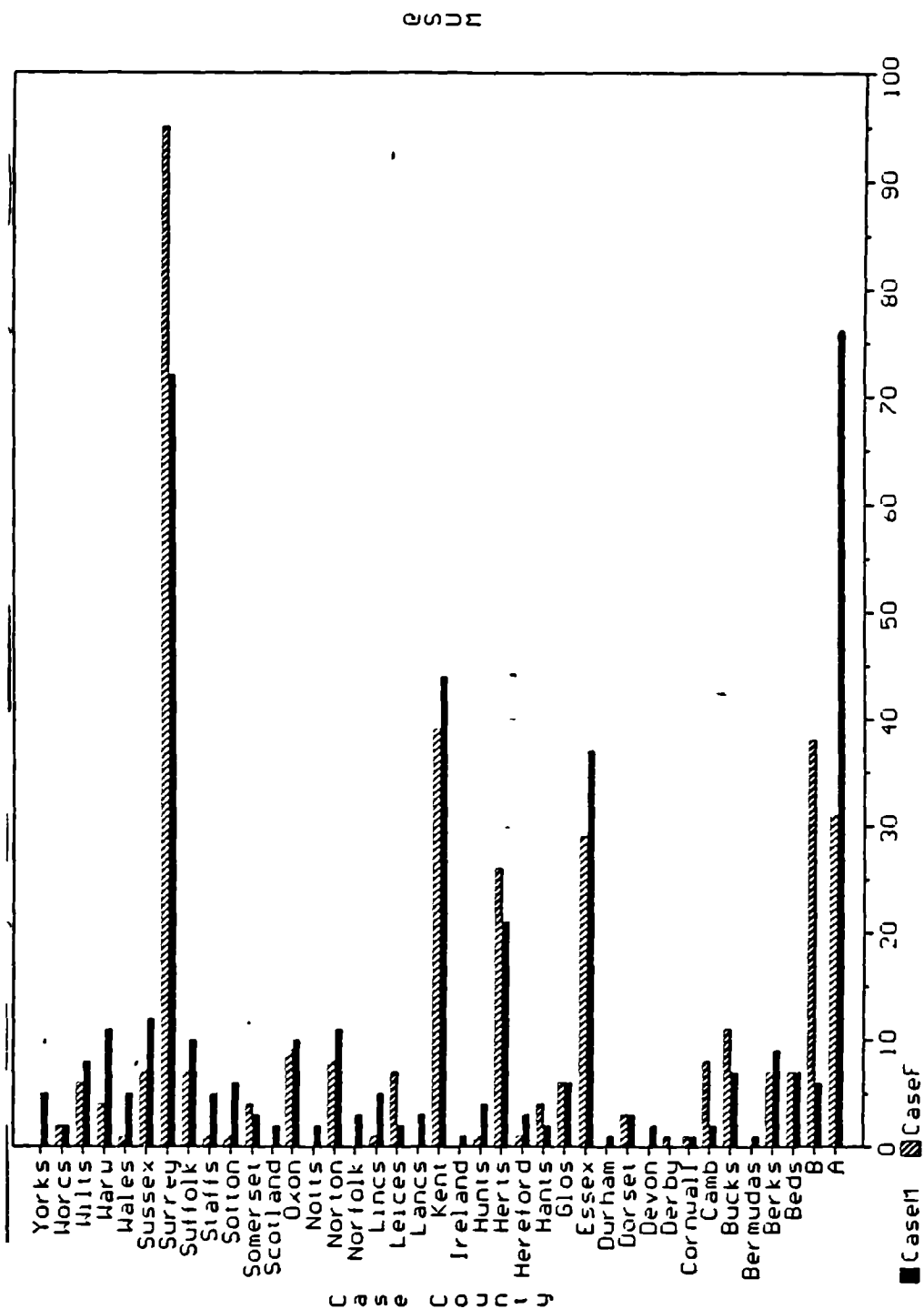
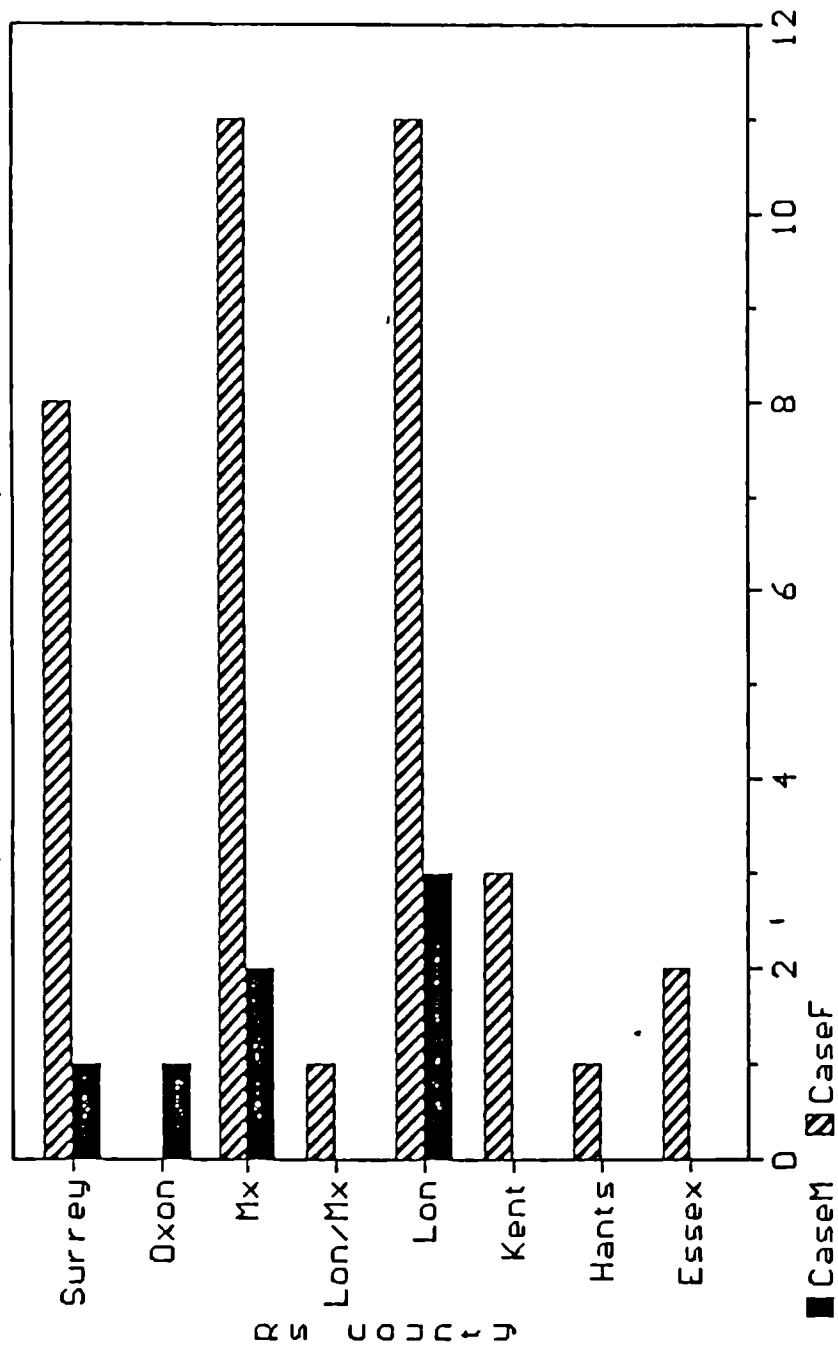


Fig. 6e SETTLEMENTS OF PATIENTS' FRIENDS 1694-1718  
(FOR EACH DISTINCT CASE)



Including cases only where patients' own settlement was not given or deduced

Figs 6f-6i

PATIENTS' TOTAL DURATION OF STAY AS "CURABLES" BEFORE BEING ADMITTED TO THE  
"INCURABLES" WARD, 1728-70

Fig 6f 1728-40

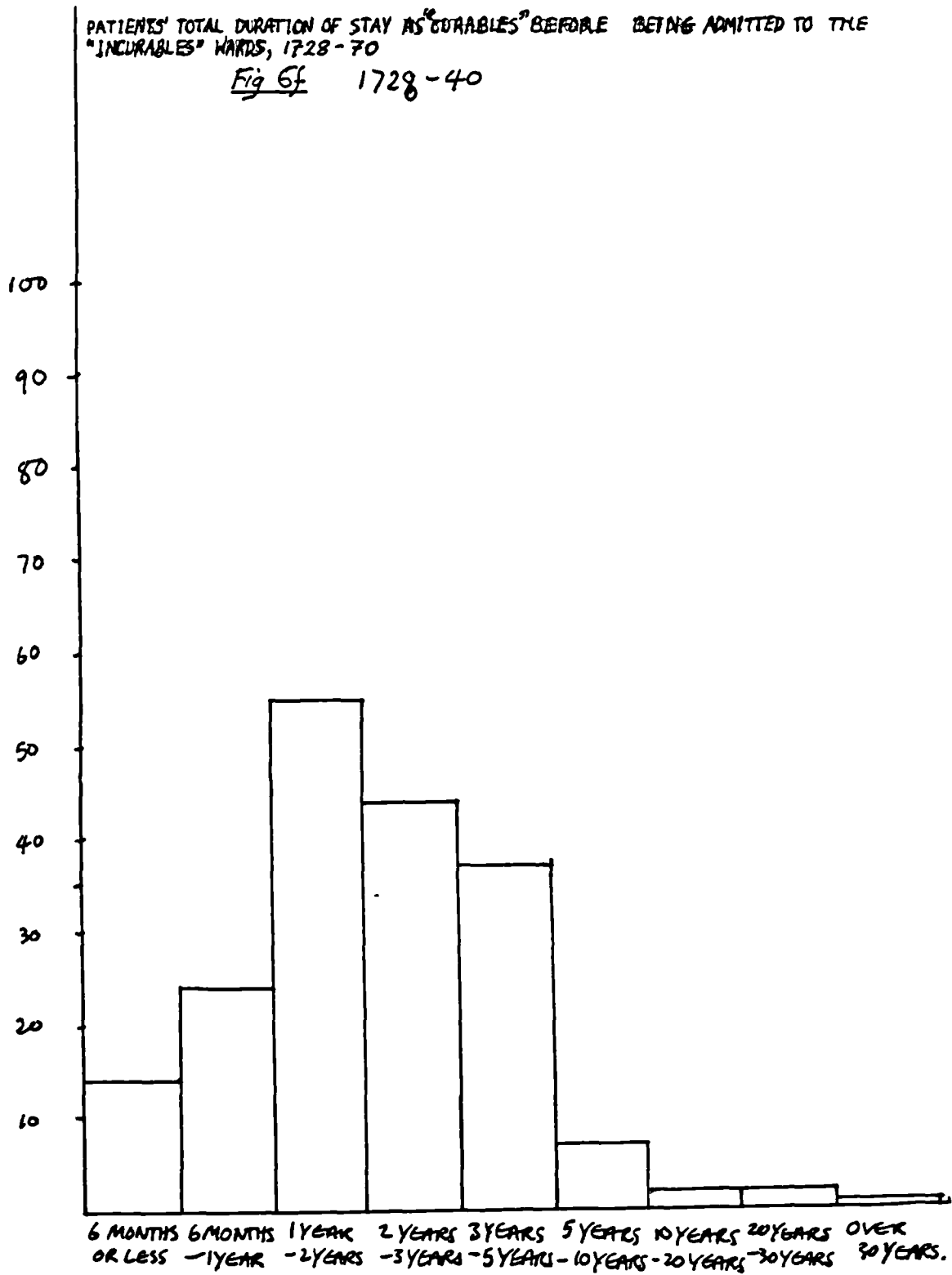


Fig 69 1740 - 1750

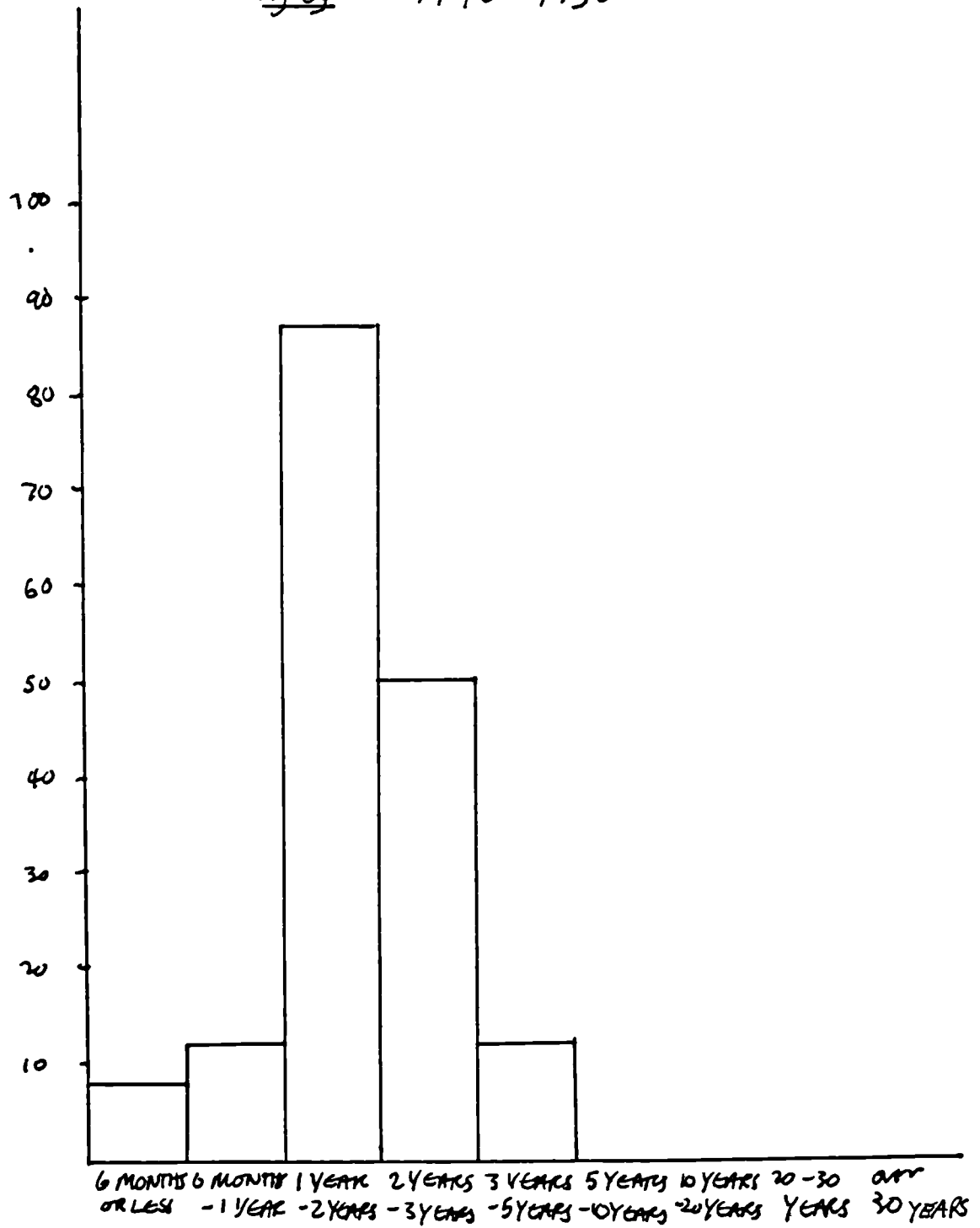




Fig 6h

1728-1750

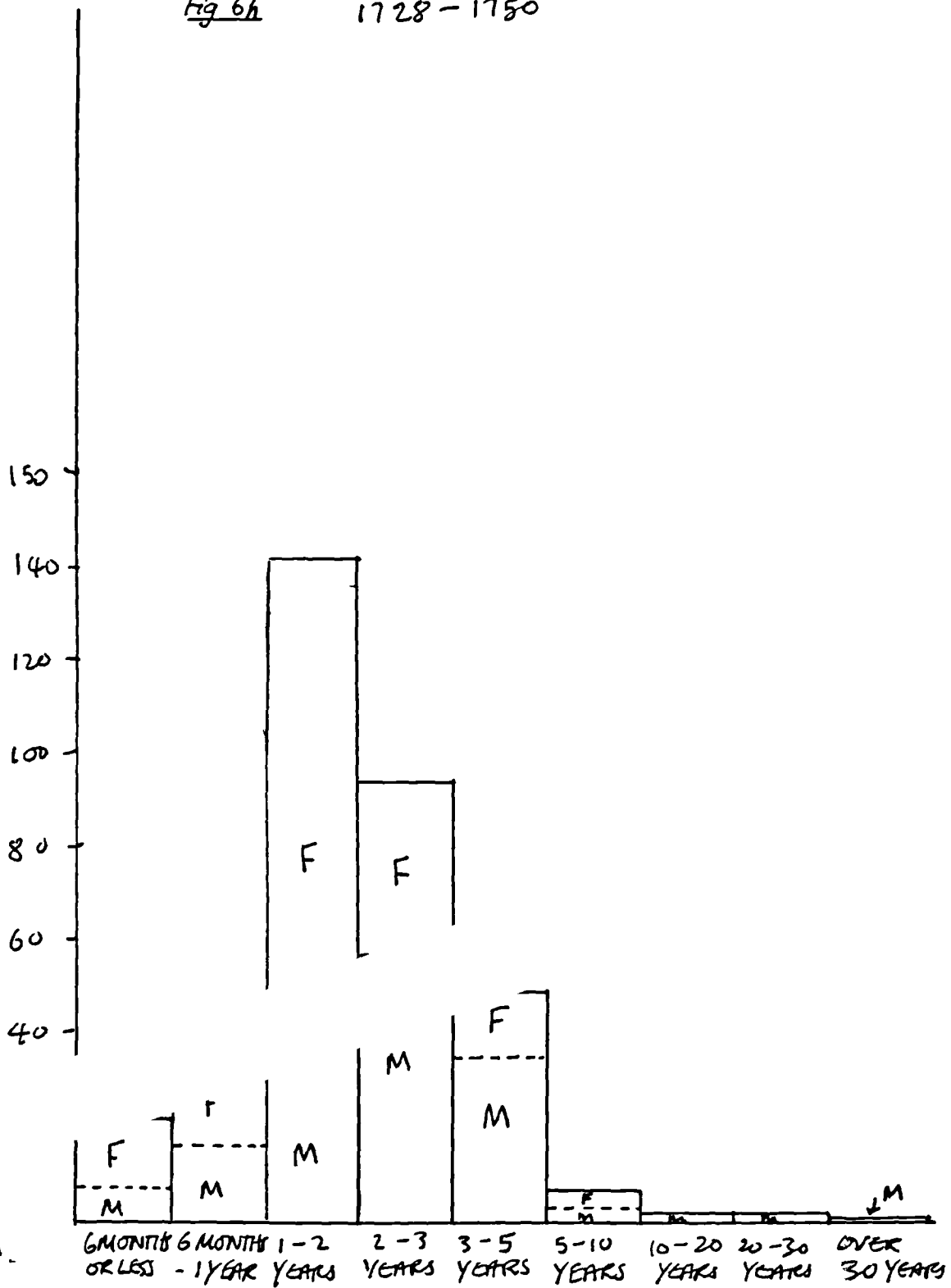
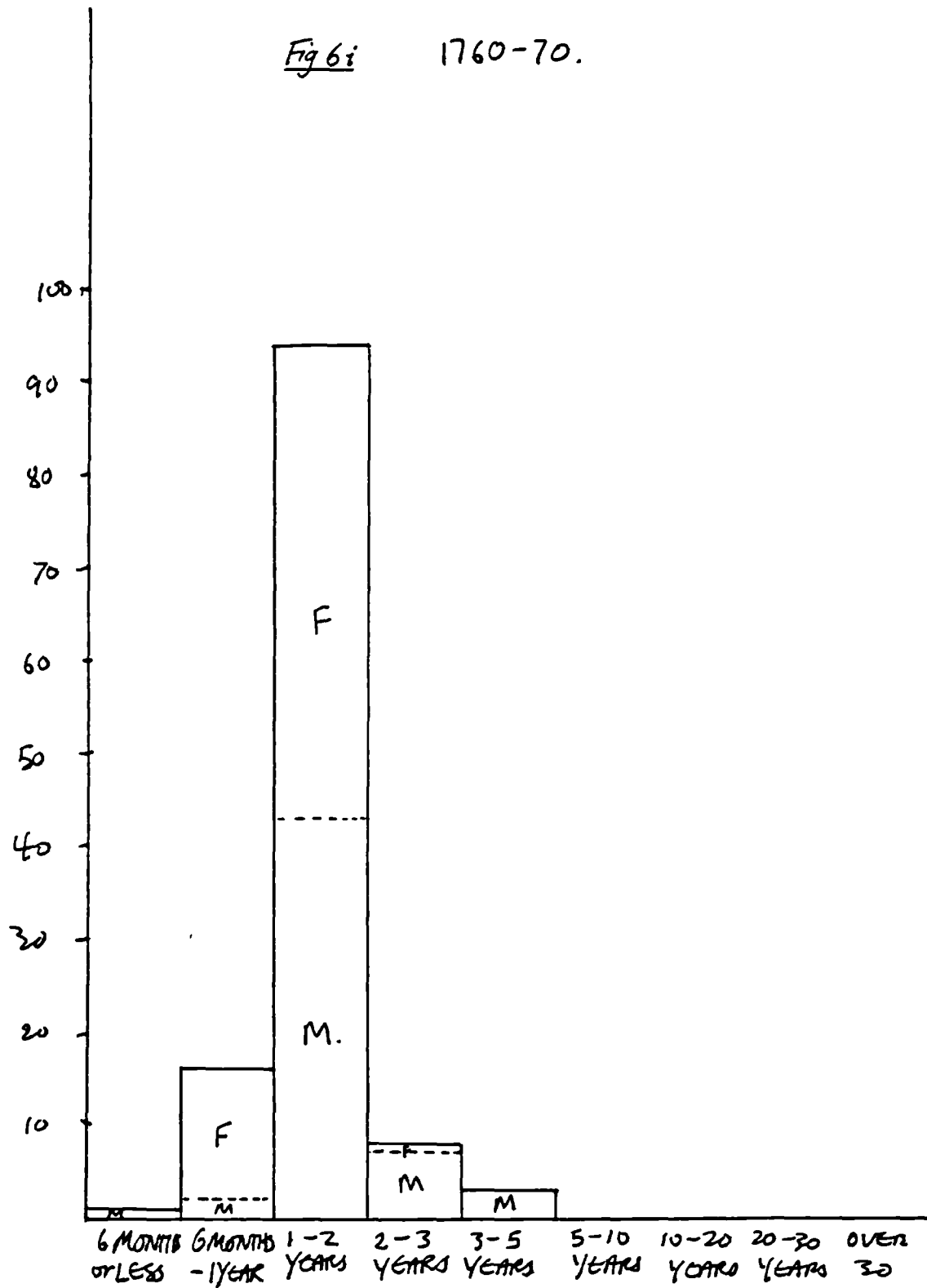
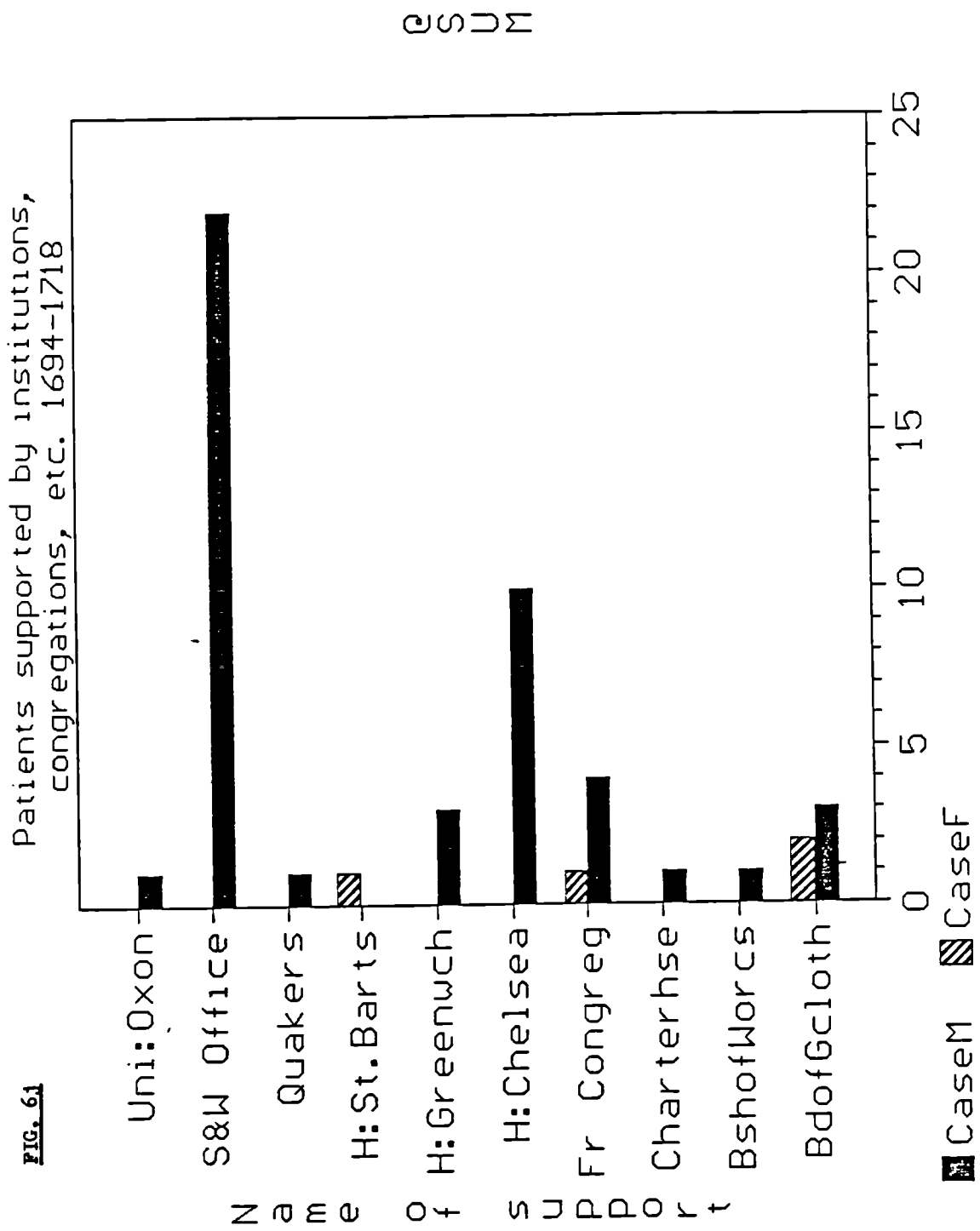


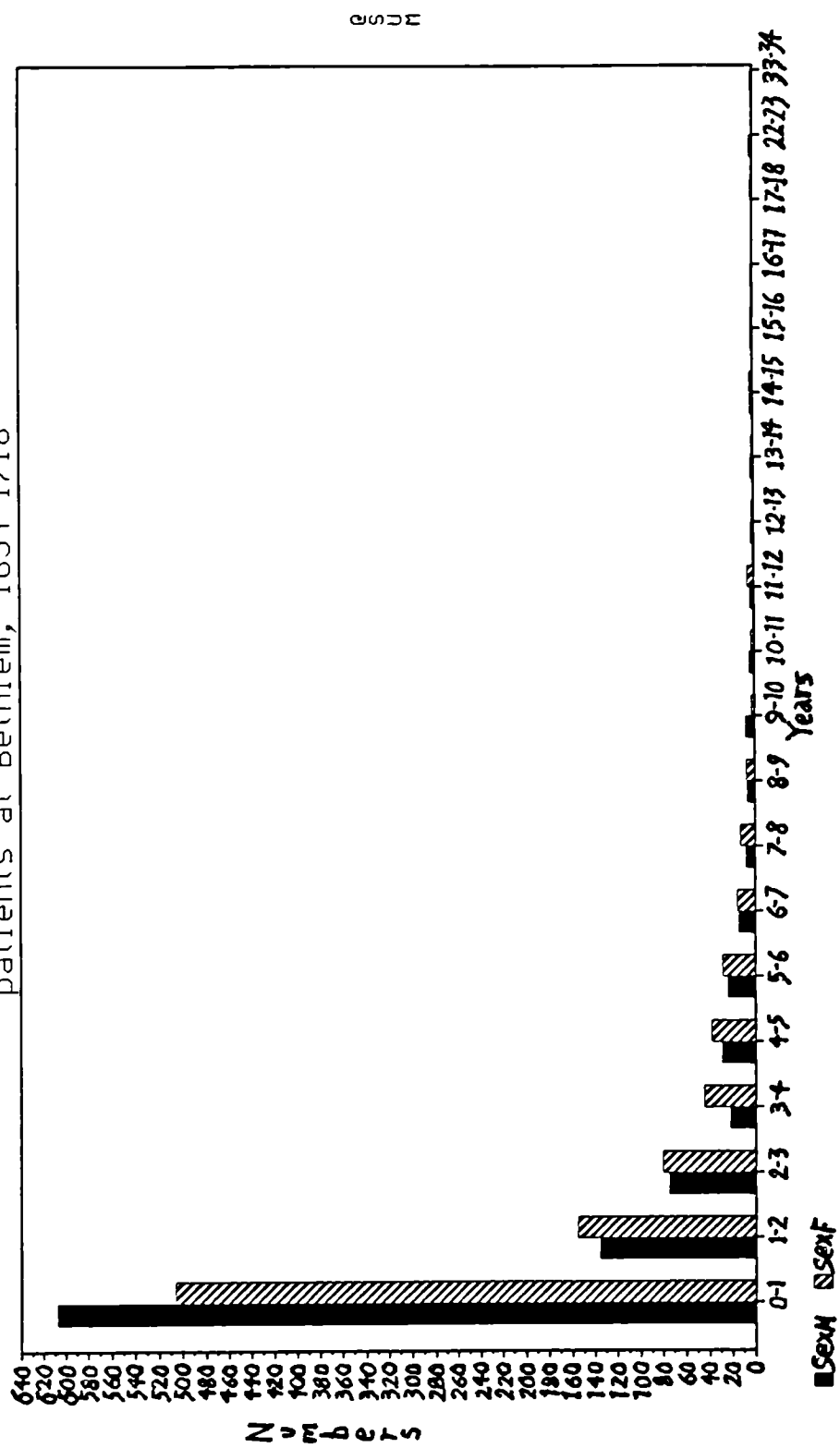
Fig 6i 1760-70.





QSDM

Fig. 6k: Duration of stay of male and female patients at Bethlem, 1694 1718



**Table 6a: Patients' Occupations (where recorded), 1640-80**

Occupation	Numbers		Totals
	Males	Females	
Apprentice	11	0	11
Apprentice sexton	1	0	1
Bricklayer	1	0	1
Butcher	1	0	1
Clerk	2	0	2
Clerk of Prince's Pltry	1	0	1
Clerk+Minister	1	0	1
Collier	1	0	1
Costermonger	1	0	1
Free of Clothworkers	1	0	1
Gent	5	0	5
Girdler/Shopkeeper	1	0	1
Grocer	2	0	2
Haberdasher	1	0	1
Jneyman Ivory Turner	2	0	2
Jneyman Mercer	1	0	1
Jneyman Shoemaker	1	0	1
Jneyman Tailor	1	0	1
Labourer	3	1	4
Landowner	2	0	2
Limner	1	0	1
Mariner	1	0	1
Miller	1	0	1
Minister	1	0	1
Pasteboard Maker	1	0	1
Pensioner	1	0	1
Pin Maker	1	0	1
Porter	3	0	3
Scholar	4	0	4
Seaman	3	0	3
Servant	2	6	8
Servant+Apprentice	2	0	2
Shoemaker	1	0	1
Silk Dyer	1	0	1
Silkchroster	1	0	1
Soldier	1	0	1
Stationer	2	0	2
Tailor	2	0	2
Vagrant	4	10	14
Vagrant+ex Servant	0	1	1
Victualler	1	0	1
Vintner	1	0	1
Weaver	3	0	3
Wiredrawer	1	0	1
Woodmonger	1	0	1
Yeoman	2	0	2
<b>TOTALS</b>	<b>82</b>	<b>18</b>	<b>100</b>

**Table 6b: Occupations (where recorded) of Patients' Relatives/Friends 1640-80**

Occupation	Numbers		Totals
	Males	Females	
Almswoman	0	1	1
Alsman(Gresham Coll)	0	1	1
Armourer	0	1	1
Barber	0	1	1
Beaver maker	0	1	1
Blacksmith	0	1	1
Bookbinder	1	0	1
Brasier	1	0	1
Carman	0	1	1
Carpenter	0	1	1
Cheesemonger	0	1	1
Clerk(decd)	1	0	1
Clerk(to Leadenhall Mkt)	1	0	1
Clockmaker	0	1	1
Clothworker	0	3	3
Clothworker/Ivory Turner	1	0	1
Cobler	0	1	1
Confectioner	0	1	1
Cook	4	0	4
Cordwainer	0	1	1
Draper(decd)	1	0	1
Dyer	1	1	2
Feltmaker	1	0	1
Fishmonger	0	1	1
Gent	1	2	3
Goldsmith	3	1	4
Grocer/Dyer	1	0	1
Haberdasher	2	3	5
Haberdasher/Cobler	0	1	1
Haberdasher/Girdler	1	0	1
Husbandman	1	0	1
Joiner	0	2	2
Joiner(+Gent decd)	1	0	1
Jneyman Carpenter	0	1	1
Jneyman Hatmaker	0	1	1
Jneyman Tailor	0	1	1
King's Tennis Maker	1	0	1
Labourer	2	2	4
Labourer(+Minister's Widow)	0	1	1
Leatherseller+Stationers	0	1	1
Mariner	1	0	1
Merchant	1	0	1
Merchanttailor	2	2	4
Minister	1	0	1
Pensioner	1	0	1
Plasterer	0	1	1
Porter	0	1	1
Poulterer	0	1	1

Table 6b (continued)

Proctor	1	0	1
RCP Beadle	0	1	1
Refiner	0	1	1
Rug Weaver	0	1	1
Sadler	0	1	1
Salter	0	1	1
Scrivener	1	0	1
Seaman	0	3	3
Seller of Chandler's goods	1	0	1
Sheere Grinder?	1	0	1
Shoemaker	1	1	2
Skinner/Fishmonger(decd)	1	0	1
Soldier	0	3	3
Spurrier	0	1	1
Stationer	1	1	2
Servant	1	1	2
Servant(+Cooper decd)	0	1	1
Tailor	1	2	3
Tallow Chandler/Porter	0	1	1
Tanner	1	0	1
Tidesman+Customs svt	1	0	1
Tinplate Worker	1	0	1
Victualler	1	0	1
Watchmaker	0	1	1
Waterman	0	1	1
Waterman/Merchantailor	0	1	1
Waxhandler	1	0	1
Weaver	1	1	2
Yeoman	1	1	2
TOTALS	47	63	110

**Table 6c: Patients' Occupations (where recorded), 1694-1718**

Occupation	Numbers		Totals
	Males	Females	
Apothecary	2	0	2
Apprentice	1	0	1
Apprentice Barber Surgeon	1	0	1
Apprentice (Bridewell)	1	0	1
Apprentice (ex Bridewell)	1	0	1
Apprentice Weaver	1	0	1
Apprentice/Servant	1	0	1
Blacksmith	3	0	3
Brewer	1	0	1
Bricklayer	2	0	2
Broker (Exchange)	1	0	1
Butcher	1	0	1
Cabinet Maker	1	0	1
Carpenter	4	0	4
Carter	1	0	1
Caulker	2	0	2
Chimney Sweep	2	0	2
Clerk	8	0	8
Clothier	1	0	1
Clothworker	1	0	1
Coachman	1	0	1
Coffeehouse Keeper	1	0	1
Coffeeman	3	0	3
Collar Maker	1	0	1
Collier/Coal Seller	1	0	1
Comb Maker	1	0	1
Cook	1	0	1
Cooper	2	0	2
Cordwainer	1	0	1
Corn Chandler	1	0	1
Cutler(Sword)	1	0	1
Distiller	2	0	2
Draper(Linnen)	2	0	2
Drover	1	0	1
Footman	2	0	2
Gardener	1	0	1
Gent	28	0	28
Glass Grinder	1	0	1
Glazier	3	0	3
Grocer	1	0	1
Hatmaker	1	0	1
Hatter/Feltmaker	1	0	1
Hempdresserer	1	0	1
Horner	1	0	1
Husbandman	5	0	5
Ironmonger	2	0	2
Joiner	3	0	3
Labourer	17	0	17



Table 6c (continued)

Labourer(Sweeper)	1	0	1
Malster	2	0	2
Mariner	11	0	11
Mercer	3	0	3
Milliner	1	0	1
Oilman	1	0	1
Packer	1	0	1
Painter/Painter Stainer	2	0	2
Pensioner (Charterhse)	1	0	1
Pensioner (Chelsea)	10	0	10
Pensioner (Greenwch)	2	0	2
Pipe Maker	1	0	1
Plasterer	1	0	1
Public Notary	1	0	1
Royal Barge Masterer	1	0	1
Scholar	2	0	2
Scrivener	1	0	1
Seaman	1	0	1
S&W Seaman	20	0	20
S&W Seaman (Lieutenant)	1	0	1
Servant	1	2	3
Shipwright	1	0	1
Shoemaker	5	0	5
Silk Stocking Knitter	1	0	1
Silk Man	1	0	1
Silver Spinner	1	0	1
Soldier	5	0	5
Surgeon	3	0	3
Tailor	7	0	7
Tallow Chandler	1	1	2
Thatcher	1	0	1
Upholsterer	1	0	1
Vagrant	1	5	6
Vicar	1	0	1
Victualler	2	0	2
Vintner	5	0	5
Waterman	3	0	3
Weaver	10	1	11
Yeoman	6	0	6
TOTALS	242	9	251

**Table 6d: Occupations (where recorded) of Patients'  
Relatives/Friends 1694-1718**

Occupation	Numbers		Totals
	Males	Females	
Artsmaster(ex)	1	0	1
Artsmaster+Gardener	1	0	1
Baker	0	1	1
Barber Surgeon	1	0	1
Blacksmith	1	0	1
Brasier	0	1	1
Brewer's Servant	0	1	1
Bricklayer	0	1	1
Broker	1	0	1
Broker(Exchange)	1	0	1
Carpenter	1	0	1
Chandler	0	1	1
Charwoman	0	1	1
Clerk	0	1	1
Clothworker	1	0	1
Collar Maker	0	1	1
Cooper	0	1	1
Currier	0	1	1
Cutler	1	1	2
Distiller	0	1	1
Doctor	0	1	1
Draper	0	1	1
Dyer/Porter	0	1	1
Gardener	0	1	1
Gent	0	1	1
Gravel Pits Chandler	0	1	1
Hatter	0	2	2
Horner	0	1	1
Husbandman	0	2	2
Ironmonger	0	1	1
Joiner	0	2	2
Jneyman Carpenter	0	1	1
Jneyman Hatmaker	1	0	1
Jneyman Pipe Maker	0	1	1
Jneyman Tailor	0	1	1
Labourer	1	4	5
Leatherseller	1	0	1
Mantuumaker	0	1	1
Mariner	0	2	2
Mealman	0	1	1
Milliner	1	0	1
Minister	0	1	1
Nurse	1	0	1
Plasterer	0	1	1
Porter	0	2	2
Poulterer	0	1	1
Salter	0	1	1
Scrivener's Clerk	0	1	1

Table 6d (continued)

Seamstress	1	0	1
Servant	3	3	6
Shipwright	0	1	1
Shoemaker	0	2	2
Silversmith	0	2	2
Sugar Bakehouse Worker	0	1	1
Tailor	1	2	3
Tailor+Basketmaker	0	1	1
Victualler	0	1	1
Watchmaker	0	1	1
Watchman	0	1	1
Weaver	2	2	4
Wheelwright	0	1	1
Yeoman	0	1	1
<b>TOTALS</b>	<b>21</b>	<b>63</b>	<b>84</b>

Table 6e: Patients' Obligors/Mean  
of Support, 1640-80

	Sex,		Totals	
	Males	Females	U	%Totals
Bd of Gcloth	3	5	0	8
Charity	6	5	0	11
City	2	4	0	6
Institutional	3	4	0	7
Instnl+Chrty	0	1	0	1
Parliament	1	1	0	2
Paro	126	122	0	248
Paro+Chrty	3	1	0	4
Priv	61	81	0	142
Priv+Chrty	0	1	0	1
Priv+Instnl	0	3	0	3
Priv+Paro	3	6	0	9
Priv+Paro+Chrty	1	0	0	1
Unknown	43	67	1	111
TOTALS	252	301	1	554
				100.0%

U-Unknown

**Table 6f: Nominators of Patients Admitted to  
Bethlem (where recorded), 1640-80**

Nominators	Number Nominated	
Bethlem Apothecary	1	
Bethlem Governor(s)	7	
Bethlem Treasurer	1	
Board of Greencloth	7	
Church	2	
Colonel	1	
Earl(s)	2	
Ely House	1	
Esquire	1	
Guilford Lord Mayor	1	
Knight(s)	4	
London Alderman	1	
London Lord Mayor	1	
London Lord Mayor, Cmn Ccil & Mercers Co.	1	
Mercers Co.	1	
Navy Commission	1	
Other Hospitals	4	
Oxbridge	3	
Parliament	4	
Parish Minister/Sexton	2	
Royalty	2	
Royalty/Earl(s)	1	
<b>TOTAL</b>	<b>50</b>	

TABLE 6g\*

PETITIONERS FOR A MISSION TO BETHLEM'S 'INCURABLES' WARDS, MAY 1769-  
FEB. 1776

Petitioners 1769-1776	Result Of Petition Once Read					
	Admitted	Died(Or Supposed To Have)	Recovered ("Well")	Refused To Be/ Not Brought	Escaped/ "Cannot Be Found"	Rejected "Unfit", "Lame", "Paralysed", "Not Mischie- vous/Trou- blesome"etc.
Men	44	41	23	12	8	2
Women	41	35	31	37	4	10
TOTALS	85	76	54	49	12	12
Petitioners (Cont.)	Result(Cont.)					
	'Declined'/ Left Conuntry/ Chose To Be Supported Elsewhere	No Answer Obtained Subsequently From Sureties	Double Entries	Unknown/ Undecided (No Petition Recorded/"To Remain Open")		
Men	3	8	0	3		
Women	0	12	2	4		
TOTALS	3	20	2	7		

320indll

320 indl

\*This table, & Table 6h, are derived from what seems to be the only extant section of the "Incurables List", oft cited in the minutes of courts & committees. That the "Pet(itio)ns read" denote petitions for admission to the 'Incurables' Hospital, rather than to the 'Curables', has been verified by ensuring (in a select number of cases) that the recorded date of the petition succeeds that of the particular patient's last admission as a 'curable'.

TABLE 6h\*

DURATION OF TIME BETWEEN READING OF 'INCURABLES' PETITIONS FOR  
ADMISSION TO BETHLEM & ACTUAL ADMISSION, May 1769-Feb 1776

Date Petition Read	Length of Time Before Admitted-men:Women						No Peti- tion Listed
	1 Year Or Less	1 Year- 2 Years	2 Years- 3 Years	3 Years- 5 Years	5 Years- 7 Years	7 Years- 9 Years	
1769			0:5				
1770	2:0	4:1	0:6	0:1			
1771		4:0	2:0	0:2	0:2		
1772				2:1	6:6	6:0	1:0
1773					0:6	3:0	
1774				0:1	0:3	8:2	
1775	0:1				1:3	5:0	
1776						0:1	
TOTALS	2:1	8:1	2:11	2:5	7:20	22:3	1:0
	3	9	12	7	27	25	1

14:18

32

30:23

53

\*(C.f. previous table for derivation).

I include here only those petitioners who were recorded as admitted  
in the aforesaid list.

Table 6i

## Settlements of "incurable" patients, 1728-88

Place	0km	Numbers	Place	0-50km km	Numbers	Place	51-100km km	Numbers
London		147	Herts	(35)	16	Bucks	(60)	19
Middlesex		167	Surrey	(35)	57	Kent	(60)	50
Instnal		31	Essex	(45)	45	Berk	(65)	14
						Beds	(70)	14
						Sussex	(70)	8
						Oxon	(90)	12
						Cambs	(95)	8
						Hants	(95)	14
						Hunts	(100)	6
						Instnal	(60)	8
TOTALS		345			100			145

Place	101-150km km	Numbers	Place	151-200km km	Numbers	Place	201-250km km	Numbers
Northts	(105)	10	Dorset	(175)	6	Somrst	(210)	14
Sutton	(110)	17	Worcs	(175)	7	Staffs	(210)	2
Suffolk	(120)	12	Lincs	(185)	19	Derbys	(215)	3
Wilts	(135)	11	Herefd	(195)	7	Shrops	(225)	3
Rutland	(135)	1	Notts	(200)	3			
Warwks	(140)	12						
Gloucs	(145)	19						
Leices	(145)	1						
Norflk	(150)	4						
TOTALS		97			42			22

Place	251-300km k	Numbers	Place	300km+ km	Numbers	Place	Numbers
Chesh	(255)	3	Lancs	(325)	3	Unknown	6
Devon	(275)	7	Durham	(365)	1		
Wales	(290)	5	Cornwil	(370)	1		
Yorks	(300)	24	Westmld	(375)	0		
			Newcstl	(400)	1		
			Cumblnd	(415)	0		
			Nthmblnd	(440)	0		
			Scotlnd	(500+)	1		
TOTALS		39			7		6



Table 6j

Reasons for Rejected Applications for Admission to Bethlehem 1709-28  
(Derived from the Bethlehem Sub-Committee Minutes)

Total Number Rejected M W	Reasons Rejected								Mortified Wound/ Leper
	Age	Chronicity	Convulsion Fits	Improper Object	Moping/ Paralytic	Pregnant	Sensible/ Sane	Weak/Unable To Take Physic	
39-43									
82	3	2	1	60	3	1	3	13	2

**Table 6k: Duration of stay of male and female patients at Bethlem, 1694-1718**

YEARS	NUMBERS		Totals
	Males	Females	
0-1	608	506	1114
1-2	136	155	291
2-3	75	80	155
3-5	51	82	133
5-10	60	64	124
10-15	13	11	24
15-20	2	2	4
20-30	2	0	2
30-40	1	0	1
<b>TOTALS</b>	<b>948</b>	<b>900</b>	<b>1848</b>

TABLE 6L\*

PATIENTS' TOTAL DURATION OF STAY IN BETHLEM'S 'CURABLES' WARDS, BEFORE ADMITTED TO  
'INCURABLES' WARDS 1728-70

When First Admitted Incurable	Duration Of Stay									Unknown, Or Direct To 'Incurables'
	6 Mths Or Less	6 Mths -1 Yr.	1yr.- 2Yrs	2- 3	3- 5	5- 10	10- 20	20- 30	Over 30	
1728-40	14	24	55	44	37	7	2	2	1	9
1740-50	8	12	87	50	12	0	0	0	0	17
TOTALS	22	36	142	94	49	7	2	2	1	20
Ratios Men:Women	7:15	16:20	43:99	37:37	35:14	3:4	2:0	2:0	1:0	17:3
1760-70										
TOTALS	1	16	94	8	3	0	0	0	0	7
Ratios Men:Women	1:0	2:14	43:51	7:1	3:0					4:3

\*This table is compiled from the Bethlem Admission Registers (supplemented, occasionally, by the Court & Committee minutes), & is subject to the same limitations as formerly mentioned. In arriving at the total duration of stay, for each patient, I have found it less misleading to calculate inclusively. The repeated admission of a 'curable' patients would invite his designation as 'incurable'. I have, thus, attempted to identify each separate spell in Bethlem (though not always feasible - some patients having been readmitted as 'curables' on more than one occasion) & have taken the cumulative total.

**Table 6m: Description of Applicants for Admission  
to Bethlem 1763-1803**

<b>Description</b>	<b>Number of 98 Applicants thus Described</b>
Melancholy	22
Raving, Furious, Bad	56
Melancholy+Raving	8
Mischievous	59
Not Mischievous	39
Hysterical Fits+Laughter	1
Suicidal	4

Derived from 98 extant petitions for admission

TABLE 6a\*

NL B 3 OF 'CURABLE' PATIENTS DYING IN, OR DISCHARGED FROM BETHLEHEM HOSPITALS  
WARDS, & REASONS FOR DISCHARGE, 1728-1800

Numbers; Men: women												
Date Of Death/ Discharge	Died	Disc arged								Escaped	Unknown	
		No Reason Given	"Well"	"Drunk", etc.	To/At Request Of/ Friends, etc.	Having Been On Leave	Fits	To Guy's	With Child			
1729	3:1	0										
1730	1:0	4:2										
1731	1:1	6:5										
1732	0:3	0:2										
1733	1:1	3:0										
1734	5:2	2:2		1:0	0:3							
1735	0:1	1:1			0:1					(2):0		
1736	2:3	2:1										
1737	2:1	5:2	1:0				0:1					
1738	4:4	0:1	0:1		1:0					(1):0	0:1	
1739	5:3	0:2			1:2			1:0			1:5	
1740	4:6	0:3	0:1		1:1							
1741	2:3	4:3			1:0							
1742	3:1	1:1			0:1			1:0		(1):0		
1743	2:3	3:7			1:0						1:0	
1744	3:4	5:1			1:0						1:0	
1745	4:3	6:5				1:0						
1746	5:9	1:1			1:1						0:1	
1747	7:4	0:2						0:1				
1748	2:5	1:1	0:3		0:1					(1):(1)		
1749	4:8	2:1	1:0		0:1							
1750	5:5	0			1:2		0:1		(1)			
TOTALS	75:71	46:43	2:5	1:0	8:13	1:0	0:2	2:1	(1)	(5):(1)	3:7	
	146	89	7	1	21	1	2	3	(1)	(8)	10	
124 (60:64)											0	
% TOTALS	52%				44%					0%	4%	

\*This table is compiled from the 'Incurables' admission registers, corroborated, where necessary, from the 'Curables' registers (i.e. where nothing but a date is given, in the 'Incurables' registers, as the result of a patient's admission, this result has been verified as discharge (in select cases by a corresponding entry in the 'Curables' registers). The numbers in brackets represent reasons which may have greatly contributed to discharge, in an individual case, but which were not, necessarily, decisive, or explicatory of the end result. (E.g. escape was not normally successful and patients were recaptured, rather than readmitted. Those given leave, generally, were returned and died or were discharged.)

TABLE 61 (cont.)

Date Of Death/ Discharge	Died*	Discharged								Escaped	
		No. Requested Guy's	No. "Well" Guy's	"Unfit"/ "Improper Object" etc.	Consent/ Request Of Friends w/ Advice	After Leave	Contempt Of House/ Comm. etc.	With Child	Mope		
1751	9:8	0:1		0:1			1:0				
1752	4:4			1:1	0:1				1:0		
1753	7:1			0:2				(1)		(1):0	
1754	4:4										
1755	2:7						0:1				
1756	3:3			1:0							
1757	0:1				0:1						
1758	2:6			0:1							
1759	3:0			0:1	2:0	0:1					
1760	2:0										
1761	6:4										
1762	11:10							(1)			
1763	6:10	0:1								(1):0	
1764	4:4			0:1		0:(1)	1:0				
1765	3:6										
1766	9:4				2:0	0:(1)				1:(1)	
1767	8:9					(1):0					
1768	5:7			0:2	1:0	1:0				(2):0	
1769	3:5			0:1		0:1					
1770	12:4										
1771	14:6			1:1		3):(3					
1772	00:1		0:1	3:4		(2):0					
1773	3:2			0:1	1:1	0:(3)					
1774	1:0			2:1		(2):0					
1775	1:0				0:1						
TOTALS	122:106	0:2	0:1	8:17	5:1	1:5	1:0 (8):(8)	2:1	(2)	1:0	1:0 (4):(0)
	226	2	1	25	6	16	1 (16)	3	0 (2)	1	1 (5)
45 (18:27)											1
% TOTALS (rounded up)	83%	17%								0%	

TABLE 6n (cont.)

Date Of Death/ Discharge	Died	Discharged						
		"Well"	"Unfit" etc.	Consent /Request Of Friends etc.	"Not Dangerous/ Mischievous"	"Not Poor"	After Leave	Refusal To Meet Increased Maint. Fees
1776	3:4		1:0					
1777	2:4	0:1						
1778	4:2	0:1						
1779	4:5							
1780	4:2		1:0				0:(1)	
1781	2:3	0:1	7:13				(1):0	
1782	4:3	0:1	1:1	1:0			0:(1)	
1783	0:2	0:2	5:6			1:0	0:(2)	
1784	3:2			2:0			(1):(1)	
1785	1:3	2:1					(1):0	
1786	3:1							
1787	4:2							
1788	0:2							
1789	7:0						0:(1)	0:1
1790	1:2							
1791	5:3							
1792	5:2				1:0		(1):0	
1793	8:5				1:0			
1794	3:3						(3):0	
1795	3:3	0:1					(1):(3)	
1796	2:1		1:0					
1797	5:3	1:1					(1):0	
1798	4:4						0:(2)	
1799	2:5	0:1					0:(1)	
1800	10:3	1:1					(1):0	
TOTALS	89:69 158	4:11 15	16:20 36	3:0 3	2:0 2	1:0 1	(10):(12) (22)	0:1 1
58 (26:32)								
% TOTALS	73%	27%						

Table 60

OBLIGORS FOR 'INCURABLE' PATIENTS ADMITTED TO THE 'INCURABLES' WARDS AT BETHLEM 1735-1800

1735-1747

Date admitted 'incurable'	Obligor / Means of Support						Unkn- -wn
	Public	Private	Office For Sick & Wounded Seamen	Greenwich Hospital Other Pensioners	Trinity House God's Gift College, Dulwich	Charity Patients	
1735	5	7	1				
1736	14	6			1	1	
1737	9	9	1		1	1	
1738	11	12					
1739	17	5		2			2
1740	18	5					
1741	9	9				1	
1742	6	7					1
1743	6	14					
1744	23	7	1				
1745	5	4					
1746	8	1	3				
1747	6	10					
TOTALS	137	96	6	2	2	3	3

1760-1775

1760	2	0					
1761	4	2					2
1762	10	14					
1763	10	7		1			
1764	6	3					
1765	5	5					
1766	8	8					
1767	10	7				1	1
1768	15	0					1
1769	8	2					
1770	11	3					
1771	12	10					
1772	6	7					
1773	6	2					
1774	0	2		1			
1775	2	1					
TOTALS	115	73	0	2	0	1	4



Table 60 (continued)

1775-1800

Year Admitted 'incurable'	Obligor / Means of Support						
	Public	Private	Office For Sick & Wounded Seamen	Board Of Greencloth Ladders from Whitehall	Greenwich Hospital	Charity	Unknown
1776	3	3					
1777	4	2					
1778	8	1					
1779	5	2					
1780	4	3					
1781	7	4					
1782	17	6					
1783	9	4					
1784	15	3			1		
1785	4	2	1				
1786	4	2					
1787	3	2					
1788	4	0		1			
1789	4	2					
1790	5	1	1				
1791	9	7	2				
1792	3	4					
1793	5	4					
1794	4	6					
1795	4	3	1			1	
1796	2	4					1
1797	4	0		1			
1798	3	6					
1799	3	4					
1800	2	5	1	3		3	
TOTALS	135	80	6	5	1	4	1

	Public	Private	Other institutions/authorities	Charity	Unknown
NET TOTALS	387	249	24	8	8

(for all three periods)

\*This table is compiled from the 'incurables' admission registers supplemented occasionally by the ordinary admission registers for Bethlem, & the gaps are explained by periodic failures in the recording of such information. Where I have found obligors to be  $\frac{1}{2}$  private &  $\frac{1}{2}$  parish, or to have altered from private to parish, or vice versa, during a patient's stay as 'incurable', I have counted such as  $\frac{1}{2}$  &  $\frac{1}{2}$ . Under the category 'Private', I have included private societies, as well as individuals, & the abbreviations in the registers "f", "pro priv", "W.W.W.f", "F", "Friends"; under 'Public'; I have included religious congregations, & the abbreviations "P", "pro parochia", "Overseers", "Pub", "W.P. pro Pub", etc. Under the heading 'Charity Patients', I include those supported by the donations of governors & benefactors.

TABLE 6p\*

## PATIENTS' TOTAL DURATION OF STAY IN BETHLEM'S 'INCURABLES' WARDS

When First Admitted Incurable	Duration Of Stay Ratios Men:Women											
	6 Mths Or Less	6 Mths -1 Yr.	1Yr.-2Yrs	2-3	3-5	5-10	10-20	20-30	30-40	40-50	Over 50	Unknown
1728-40	11:9	8:15	17:16	6:9	18:13	20:12	8:10	6:4	4:0	0	0	2:1
1740-50	8:5	8:7	10:15	5:14	9:14	12:15	9:16	9:6	3:2	2:2	0	0
TOTALS	19:14 33	16:22 38	27:31 58	11:23 34	27:27 54	32:27 59	17:26 43	15:10 25	7:2 9	2:2 4	0 0	2:1 3
1750-60	4:1	2:6	7:6	5:4	4:7	15:13	11:14	0:6	0	0	0	0
1760-75	7:4	15:6	7:16	10:6	13:10	12:19	21:17	8:8	5:5	0:1	0	0
TOTALS	11:5 16	17:12 29	14:22 36	15:10 25	17:17 34	27:32 59	32:31 63	9:14 23	5:5 10	0:1 1	0 0	0 0
1775-90	3:1	1:1	5:8	4:3	7:7	16:12	22:10	11:12	2:3	0:2	0:1	2:0
1790-1800	3:2	2:1	6:1	5:2	3:6	13:3	12:11	2:5	3:2	0	0:1	2:1
TOTALS	6:3 9	3:2 5	11:9 20	9:5 14	10:13 23	29:15 44	34:21 55	13:17 30	5:5 10	0:2 2	0:2 2	4:1 5
NET TOTALS	36:22	36:36	52:62	35:38	54:57	88:74	83:78	37:41	17:12	2:5	0:2	6:2
1728-1800	58	72	114	73	111	162	161	78	29	7	2	8
<div style="display: flex; justify-content: space-around; align-items: center;"> <span>213:215 228</span> <span>233:214 447</span> <span>8</span> </div>												

\*This table is compiled from the 'Incurables Admission Registers'. Where I have found patients admitted for more than one term, to the 'Incurables' wards, I have taken the cumulative total of their terms, & tabulated such from their initial admission as 'incurable'. There are, in fact, very few instances of readmission to the 'incurables' wards at Bethlem, so that, even if counted separately, these would not greatly effect the balance of the statistics.

**Table 6q****Reasons for Admission of Patients Committed to Bethlem by the Board of Greencloth,  
1670 – 1750<sup>1</sup>**

<b>Reasons</b>	<b>Men</b>	<b>Women</b>	<b>Totals</b>
Attempted Suicide + Wife's Complaint	1	0	1
Treasonable Words/ Letters/Tracts + Trouble Disorders Within Verge	3	0	3
Counterfeiting a Minister + Trouble etc	1	0	1
Intrusion + Trouble etc	8	8	16
Intrusion + Trouble + Inability of House of Correction to Cope	1	0	1
Threatening Violence (Drawing sword/Suspicion of Malign Intent/Threat to Throw Stone)	2	1	3
Disorders Within Royal Household	0	1	1
Actual Physical Assault (Wounding/Throwing Fruit at King)	3	0	3
Soldiers + Sailors	5	0	5
Unknown	6	1	7
<b>TOTALS</b>	<b>30</b>	<b>11</b>	<b>41</b>

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1. Derived from Bethlem Admission Registers and minutes and letter books of the Board of Greencloth

Table 6r: Ages of Applicants for  
Admission to Bethlem 1763-1803

<u>Age</u>	<u>Number of Applicants</u>
10-20	1
20-30	24
30-40	45
40-50	21
50-60	9
60-70	3
	-----
	103
	-----

Derived from 103 extant petitions for admission

Table 6s: Effect of age on results of admissions, 1784-94  
 Taken from John Haslam's Observations on Insanity (London 1798), p112

Age between	Number admitted.	Number discharged cured.	Number discharged uncured.
10 and 20	113 (7%)	78 (69%)	35 (31%)
20 and 30	488 (29%)	200 (41%)	288 (59%)
30 and 40	527 (32%)	180 (34%)	347 (66%)
40 and 50	362 (22%)	87 (24%)	275 (76%)
50 and 60	143 (9%)	25 (17%)	118 (83%)
60 and 70	31 (2%)	4 (13%)	27 (87%)
	1664	574 (35%)	1090 (65%)
	Total admitted.	Total cured.	Total uncured.

Table 6t

RESULTS OF ADMISSIONS  
1694-1718

Summary: eCOUNT		Field: yadm		U		ALL	
Rows: yadm	Died	Columns: Dis	Esc				
	-----	-----	-----	-----	-----	-----	-----
1694	17	49	1	1	1	68	
1695	21	40	0	1	1	62	
1696	16	48	0	0	0	64	
1697	12	41	0	2	2	55	
1698	18	39	0	0	0	57	
1699	11	41	0	0	0	52	
1700	11	47	4	0	0	62	
1701	10	65	1	3	3	79	
1702	17	62	0	0	0	79	
1703	16	48	0	0	0	64	
1704	15	63	0	0	0	78	
1705	10	56	3	1	1	70	
1706	16	51	0	1	1	68	
1707	19	76	0	0	0	95	
1708	16	83	0	0	0	99	
1709	18	79	1	2	2	100	
1710	13	75	0	1	1	89	
1711	9	75	1	0	0	85	
1712	13	67	0	1	1	81	
1713	16	62	0	1	1	79	
1714	8	53	0	2	2	63	
1715	11	62	1	0	0	74	
1716	18	71	1	1	1	91	
1717	14	52	1	0	0	67	
1718	10	67	0	0	0	77	
ALL	355	1472	14	17	17	1858	
% TOTALS	19.1%	79.2%	0.8%	0.9%	0.9%		

Table 6u

RESULTS OF MALE ADMISSIONS  
1694-1718

Summary: @COUNT Rows: yadm	Died	Field: Columns: Dis	yadm Dis	Esc	U	ALL	
1694	8	24	1	0	0	33	
1695	8	23	0	0	0	31	
1696	10	28	0	0	0	38	
1697	9	23	0	0	1	33	
1698	13	24	0	0	0	37	
1699	7	21	0	0	0	28	
1700	5	29	4	0	0	38	
1701	6	31	1	2	0	40	
1702	10	25	0	0	0	35	
1703	9	25	0	0	0	34	
1704	8	31	0	0	0	39	
1705	6	19	1	0	0	26	
1706	7	25	0	0	0	32	
1707	10	36	0	0	0	46	
1708	8	42	0	0	0	50	
1709	13	38	1	2	0	54	
1710	9	43	0	0	0	52	
1711	7	36	1	0	0	44	
1712	8	34	0	0	0	42	
1713	10	28	0	0	0	38	
1714	3	21	0	1	0	25	
1715	6	29	1	0	0	36	
1716	12	30	1	1	0	44	
1717	12	26	1	0	0	39	
1718	6	33	0	0	0	39	
ALL	210	724	12	7	953		
% TOTALS	22%	76%	1.3%	0.7%			

Table 6v

RESULTS OF FEMALE ADMISSIONS  
1694-1718

Summary: @COUNT		Field: yadm				
Rows: yadm	Died	Dis	Dis	Esc	U	ALL
1694		9	25	0	1	35
1695		13	17	0	1	31
1696		6	20	0	0	26
1697		3	18	0	1	22
1698		5	15	0	0	20
1699		4	20	0	0	24
1700		6	18	0	0	24
1701		4	34	0	1	39
1702		7	37	0	0	44
1703		7	23	0	0	30
1704		7	32	0	0	39
1705		4	37	2	1	44
1706		9	26	0	1	36
1707		9	40	0	0	49
1708		8	41	0	0	49
1709		5	41	0	0	46
1710		4	32	0	1	37
1711		2	39	0	0	41
1712		5	33	0	1	39
1713		6	34	0	1	41
1714		5	32	0	1	38
1715		5	33	0	0	38
1716		6	41	0	0	47
1717		2	26	0	0	28
1718		4	34	0	0	38
ALL		145	748	2	10	905
% TOTALS		16%	82.7%	0.2%	1.1%	



## Short Summary

In order to assess early modern Bethlem evenly, the hospital must be judged in its own terms, not as a figment of the popular imagination, or as an island of madness divorced from other contemporary institutions catering for the sick, criminal and insane poor, nor as an extrapolation back from the social and therapeutic orientations of the nineteenth century. It is also vital to examine the role of hospitals like Bethlem as much as possible in the context of the neighbourhoods and interest groups they served. Provision for the mad at Bethlem was a great deal better and more multifarious than literary scandal-mongers' assessments of 'Straw, Small Drink, and Flogging' suggest<sup>1</sup>. The hospital's inmates were assuredly poorly-fed, and at times half-starved; many patients were, indeed, bedded on straw, and inadequately clothed, often left in a naked or semi-naked state; particularly in the earlier period; and this was, undoubtedly, partially the result of an under-developed conception of their needs, arising from the extremity of their identification with animals. Yet these were also the circumstances of a simple lack of resources; a pragmatic, consumerist-minded approach to destructive and incontinent patients, and of mismanagement and delays in identifying patients' needs and providing the lack. Furthermore, the hospital, its patrons, and patients' obligors, were increasingly more efficient, willing and able, in supplying and improving these basic necessities, as the period progressed. Historians who have underlined the unregulated chaos of the environment and administration of Bethlem, and concurrently stressed the vigour of the prevailing philosophy and practice of controlling the sub-human, have tended towards wanting it both ways; and have over-played both the capacity and the desire of the hospital's administrators to run a regimentalised, totalitarian regime. Bethlem did indeed *approximate* to the 'terrific' system of managing the insane, as prescribed by the leading medical textbooks of the day<sup>2</sup>, but the 'undifferentiated' character of that system has been exaggerated. While the patients of Bethlem were certainly beaten by staff on occasion, this was not because such treatment was advocated by the Governors or medical officers; on the contrary, it represented the failure of ancillary staff to abide by the precepts of house-management ordained by the hospital's administration. Furthermore, the extent of such abuses does not appear to have been as pervasive as has been contended. It is plain enough from the evidence of attendants given at the 1815-16 Madhouses Committee enquiry, that different patients elicited different responses, and that some attendants were worse than others. The Lollio-like madhouse keepers of Jacobean, Restoration and Augustan, literature, both reflect and transcend the re-

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<sup>1</sup> Tom Brown, *Amusements*, 38.

<sup>2</sup> See esp. Robinson, *A New System of the Spleen* (1729); Mead, *Medical Precepts* (1751); Monro, *Remarks*.

ality of Bethlem's ancillary staff, and this was a reality shared by many contemporary carceral institutions besides Bethlem. While non-restraint and self-restraint were to become one of the new gospels of moral treatment discrediting the system of management practised at Bethlem; and while restraint was clearly widely employed there as a punishment for misbehaviour, and a means of coping with understaffing; it was by no means indiscriminately applied, nor always the first resort that it has been characterised as; nor could Bethlem hope to match the privileged staff:patient ratios that sustained non-restraint at the Retreat, Hanwell *et al*<sup>3</sup>. I have found only limited justification for the notion formulated by Foucault, and espoused by Scull and others, that the animality ascribed to madness in this period, signified 'that the madman was not a sick man' requiring medical treatment, but a beast requiring 'correction...discipline and brutalizing'<sup>4</sup>; although it is a conception of which Bethlem is supposed to have been the icon. When Scull, himself, referred to Foucault as an 'animal'<sup>5</sup>, obviously his metaphor contained only a shadow of the connotations such labelling signified for the insane in the classical period. Yet the radical equivalency Scull maintains between the treatment of the insane at Bethlem and the metaphors of animality with which that treatment was associated is plainly not tenable. There is no doubt that Bethlem was thought of by its governors and medical officers as a centre of cure, and that a substantial number of those who committed and supported patients were concerned with their cure, some making additional and quite concerted efforts to obtain a patient's recovery outside the hospital. While it was only by degrees that the insane were recognised as 'patients' at Bethlem and that diagnostic criteria were developed and imposed to distinguish the mad from the knavish, quite stringent and medically orientated conditions of eligibility and exclusion were formulated and extended over the conduct of admissions to the hospital, with the emphatic purpose of reserving space to curable cases, capable of benefitting from medical treatment. Far from not being 'sick', patients were barred from admission or continuance at Bethlem by the early eighteenth century if deemed incapable of taking medicine, or admitted on trial if there was any doubt<sup>6</sup>. Despite the failure of the Bethlem medical officers to publish; despite the stagnation of therapeutics that set in at Bethlem during the course of the eighteenth century; and despite the hospital's reactionary and dyed-in-the-wool response to the challenge of Battie and

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<sup>3</sup> Scull, e.g., emphasised how restraint, although utilised even at the Retreat, was supposed 'to be a last resort'; *Museums*, 68.

<sup>4</sup> Foucault, *Madness & Civilisation*, 68-9; Scull, *Museums*, 65.

<sup>5</sup> Scull, *Social Order/Mental Disorder*, 13.

<sup>6</sup> See e.g. *BSCM*, 10 Jan. 1719 & 27 April 1723, fols 34 & 170.

St. Luke's at mid-century; the hospital's medical regime had not always been so divorced from enlightened or modernising currents in medical theory and practice, and indeed had displayed a considerable vitality and commitment, prior to the appointment of James Monro, although only under Tyson was there a determined effort to innovate. Indeed, the hospital's medical officers were actually quite conscientious, within the terms of their contracts. Bethlem was not merely a menagerie to its governors or visitors. As I have shown, the motivations and responses of the public when seeing the insane were possessed of a much greater multiformity than has been recognised. This was an age when sickness and suffering were generally on show much more than today. Spectacle had long been a fundamental facet of charity, and visiting the insane was an exhortation, as well as a diversion; a moral education and a mortifying duty, as well as an entertaining parade of freaks. If the charitable, didactic element of viewing the mad was often disingenuous, serving to reinforce the divide between reason and unreason, it also served positive functions in granting extensive contact for the incarcerated with the outside world, and offering patients a wider potential for psychological and material succour. The curtailment of visiting at Bethlem was not an uncomplicated act of enlightenment, but was also part of a more general process of medicalisation working to reduce the areas of interaction and negotiation formerly enjoyed at the hospital by patients, their friends and obligors (as well as by the general public).

On the other hand, it was clearly necessary to break-down much of the mind-set that characterised the Bethlem monolith in order to pay a closer regard to the interests of the mentally ill and to ameliorate their environment; in particular, in order to dislodge the overriding conviction that madness was to be abated by severity and discipline imposed against the will of the sufferer. The idealism of the Governors' rules and orders had its own unreality beyond historians' fantasies about the hospital as depicted by Allderidge<sup>7</sup>, both concealing and themselves manifesting a welter of misdemeanours and mismanagement. Ancillary staff, not governors or medical officers, most pervasively set the tone of patients' existence at Bethlem. Inferior officers and servants (basketmen especially), failed continually to measure up to the standards of care and attendance set by the governing board. If the brutality of 'the rule of sky-coloured coats' has been over-emphasised, the absenteeism, neglect, petty profiteering and embezzlement, that characterized staff conduct, is repeatedly testified to, both by outsiders and by the Governors' Minutes, although, as I have been arguing, interactions on the hospital floor were far more varied than the traditional account of 'Bedlam' has allowed. While not infrequently solicitous about the restoration of patients, those parishes, families, boards and institutions, who used Bethlem were evidently more worried about the threat entailed by the insane, regarding the hospital primarily as a detention centre. Committal often served the

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<sup>7</sup> Allderidge, 'Bedlam: fact or fantasy?'

function of extirpation, or was the result of a loss of patience with bothersome presences in the family and neighbourhood. Bethlem prioritised the admission of the 'dangerous' as well as the 'curable'. Beneath the hospital's rhetoric of cure resided a dismal record of relapse and manipulative public relations. Bethlem was not alone in this, of course. Mad doctors like the Reverend Dr. Francis Willis (who attended George III during his supposed lunacy), claiming spectacular success-rates, might also claim to have cured many of their patients more than once. Yet parish records present a decidedly negative account of the condition of poor parishioners discharged from Bethlem; indicating that while few returned to the hospital, few came home fully recovered, or sustained their recoveries; and documenting a continuing saga of nursing, confinement and death. While mortality appears to have declined quite steeply at Bethlem over the course of the period, this was also partially cosmetic, and unlikely to be the result of any major improvements in the hospital environment. Bethlem's record adds little weight, however, to the old view of hospitals as 'gateways of death', the majority of its mortalities occurring amongst lifers (i.e. 'incurable' or long stay patients). What should, at least, emerge clearly in the light of this analysis, is that a vigorous reassessment of traditional assumptions about Bethlem is in order. Whereas historians have shared a surprising consensus in their notions about the meaning of Bethlem, the reality was patently more ambivalent than this consensus would suggest.

Sir  
 Having received an account from you that there  
 is at this time a Vacancy in the Hospital, my Brothers, Sisters  
 and myself have Deliberated on the matter and although we who have  
 been one of the tenderest Mothers still continue in a state of  
 Insanity I leave you to judge from your own feelings if it would  
 not be a hard very hard task for us to part from her and  
 perhaps never to see her more — ever since she left London she  
 has been in a very creditable Manicure where she has been treated  
 with the greatest kindness and has every Indulgence a person  
 in her Situation can have, and which we can see her as often  
 as we please as the Distance is only half a mile from our own  
 Manicure and although it is a very heavy Expence we hope with  
 the Blessing of God to be able to support her till it shall  
 please God to release her from her heavy affliction, for  
 you we do much for a good Parent, but Sir if we omit this  
 opportunity and if at a future time any thing unforeseen should  
 happen so that we find the Expence more than we are able  
 to support could she then at a Vacancy be admitted, you will  
 Sir I hope pardon this trouble I feel you and your answer  
 will very much Oblige your very  
 Affectionate Son  
 John Luffman  
 August 22. 1790

Appendix 2a(i) Letter from former patient's son  
 refusing vacancy on incurables wards  
 in preference for local, private care,  
 and expressing striking tenderness for  
 his mother's affliction

Appendix 2a(ii) Grand Committee Minute in response to  
letter concerning admission of Sarah  
Lufkin

At a Grand Committee Saturday Aug. 22<sup>nd</sup> 1790  
Richard Clark Esq. Secy. & Treas<sup>r</sup>

Henry Cranke Esq. And: God

John Bridges Esq. W. DePy Rogers M. James Bat-  
tison Esq. Wm. Plomer Esq.

Upon reading a Letter from Mr. John Lufkin  
addressed to the Steward of this Hospital dated 22<sup>nd</sup> Aug.  
Bentley Aug. 22<sup>nd</sup> 1790 in the Words and figures a-  
following; "Sir having received an Account from  
" You that there is at this Time a Vacancy in the  
" Hospital, my Brothers Sisters and myself have  
" deliberated on the Matter, and altho her who has  
" been one of the tenderest & Prothies still continues in  
" a State of Insanity, I leave You to Judge from  
" your own feelings if it would not be a hard Case  
" for us to part from her, and perhaps never to  
" see her more. Ever since she left London she has  
" been in a very Creditable Family where she is  
" treated with the greatest Kindness and has  
" every Indulgence a Person in her situation  
" has, and where we can see her as often as

Continued Saturday Aug<sup>r</sup> 28.  
1790.

" please, as the Distance is only half a  
" Mile from our own Family, and altho it is  
" a very heavy expence we hope with the blessing  
" of God to be able to support her till it shall  
" please the Lord to release her from her  
" heavy Affliction for can we do too much for  
" a good parent but Sir if we are of this  
" Opportunity and if at a future time any  
" unforeseen should happen so that we  
" find the expence more than we are able  
" to support could she then at a Vacancy  
" be admitted You will Sir I hope pardon me  
" this trouble I give you and your Answer  
" will very much oblige,

Y<sup>r</sup> very humble Serv<sup>t</sup>

John Lusk<sup>r</sup>

Continued Saturday Aug. 28. <sup>19</sup>  
1790.

It is the Opinion of this Committee that the Admission of Sarah Lufkin as an Incurable Patient be at present postponed but in case any alteration in the Circumstances of her Family should happen then that they may be at Liberty to apply to this Hospital for her Admission at such time as this Committee shall think proper.



Broadside sold to visitors in the 1740s

"Proper to be had and Read by all when they  
go to see Bedlam"



*Myrtles* **BETHLEM A POEM.** *By a Patient.*  
*Humbly Inscrib'd to the Hon<sup>ble</sup> EDW<sup>d</sup> VERNON, Esq. Vice-Adm<sup>l</sup> of y<sup>e</sup> Blue.*  
*is one of the Worthy GOVERNORS of the said Hospital, &c.*  
*by his Hon<sup>ble</sup> most Humble & Dutiful Serv<sup>t</sup> J. Clark.*

Good Sir, I Pardon beg for this Address,  
 Which only does my Gratitude express,  
 For all those Favours from your generous Hand,  
 For which I e'er will be at your Command.  
 Hard 'tis to tell the different Ways of Woe,  
 On Causes that do make our Sorrows grow;  
 However, what's sad, it shall be strictly true;  
 On else not fit to be perus'd by you.

First, To our *Sovereign* due Praise be given,  
 Who, by just Care have chang'd our Father Heaven's  
 A Hell on Earth no truce can we find.  
 Then a distract'd and distract'd Mind:  
 And, of all Tortures that, sure, is best,  
 That soothes the troubled Soul to quiet Rest.  
 For this, our learned Doctor gives his Aid,  
 And for his Care, with Blessings ever paid.  
 Thus all those happy Objects will not spare,  
 Who are discharged by his Skill and Care.  
 Our truly *severe* next demands our Praise,  
 And, without Doubt he'll have it all our Days.  
 We must not now forget our *kind* and good,  
 Who to us all is civil, kind, and good.  
 The *governor* to those who well behave;  
 But some there are, who always curse and rave;  
 Are justly chain'd, confin'd within each Room.  
 Altho' they know, full well, their certain Doom:  
 If Kept should neglect at this just Call,  
 It would, no doubt, go badly with us all.

Our Meat is good, the Bread and Cheese the same,  
 Our Butter, Beer, and Spiced Meat, none can blame:  
 The Physician's skill, the Viceroy are not such;  
 Alas! These be proud of their wealth not much:  
 Blooding who lose, and, for the Cold Bath,  
 All are agreed at many Virtues path.  
 The Bed and Bedding are both warm and clean,  
 Which, to each Corner may be plenty seen;  
 Except these Rooms where the mad Wilds lie;  
 There all is noise and here I like the Story.

When first the Youth's passion's Youth and Love,  
 And finally rising the Youth's Desire,

They then do think themselves most surely blest;  
 But cruel Fate, too often, tells the rest:  
 By Friends they're reproach'd in this their first Attempt;  
 Which, in Love Cases acts most violent.  
 The Nymph and Youth are by themselves alone,  
 The Partner of their Wishes now is gone;  
 The Mind is then disturb'd with inward Grief,  
 For which, perhaps there ne'er may be Relief.  
 Others there are who mourn a favorite Boy,  
 The Mother's Darling and the Father's Joy;  
 Another Child brought up with tender Care,  
 By Parents good, who for it sought did spare  
 To form the Ways to Virtue, Vice no less;  
 For all their Care he does to Ruin run.  
 A Wife or Husband some, but few do mourn,  
 That they are dead, and from them ever gone.  
 By Drinking much, the Brain is oft disturb'd,  
 Mad as a cat, and godlike Reason's curb'd;  
 Many, by Prudcraft, lose their Reason quite,  
 And always take the wrong Side for the right:  
 Thus Reason's hoodwink'd by the crafty Trick,  
 Who for himself does think it all a Jest.  
 So modern Whigs with Diabolick Arts,  
 Do spread their Venom into all our Parts,  
 And each pernicious Doctrine thro' the Land;  
 As a Reward, each Pastor should be hang'd.  
 Thus they would meet a full and due Demand:  
 Where Craft begins, Religion always ends.  
 Some by Disasters, lose their Reason quite,  
 And others do it by some distant Freight.  
 The Merchant and the Tradesman have the Fare  
 Of those whom cruel Fortune seem to hate.  
 The Ship that did the Merchant's Wealth contain,  
 By adverse Winds is bury'd in the Main:  
 The Want of Trade, or trading too much come,  
 The Tradesman breaks, then Misery is his Doom.

Endless it were to tell the different Ways,  
 And Causes that by which our Reason strays;  
 I'll therefore leave it for some future Bard  
 To finish, what I think for me too hard.  
*Prose to be read and Read by all who go  
to see Bedlam.*

# HARLEQUIN METHODIST.

To the Tune of, *An Old Woman Cloathed in Grey.*



**T**HRO' all the whole Circle of Vice,  
Dear Brethren, I often have run,  
Whores, Horles, and Drinking and Dice,  
And thought all Religion but *Foe*;  
But now, so my Stars have decreed,  
My Follies I see, tho' full late,  
I'm made a new Man, ah! I indeed,  
And faithfully regenerate.

Then come all, good Folks, to my School,  
Near *Bellum* my Tripod I place,  
And hear me hold forth from my School,  
Of Frush, and of Day-light and Grace.  
Go no more to the Old House, I pray,  
Where Satan has ta'en his Abode,  
But come, if you please, ev'ry Day  
To mass: it will soon be the Mode.

Hymns, Anthems, and Psalms, I'll provide,  
For Brothers and Sisters most dear,  
And *Control* herself may them guide,  
With Voice that's so sweet and so clear.  
No Heathenish Tricks I will know,  
These Gods and their Goddesses here,  
And Hell, that yawns dreadful below,  
From out of our *Organs* we'll turn.

No Players I'll have but are Saints,  
No rascally, swaggering Berties,  
No Whores that use *Wishes* and *Falset*  
To draw in their vile carnal Colliers.  
My Women inspired shall be,  
My Men fit for Martyrs to die,  
Most holy in ev'ry Degree,  
And *chaste*, like my *DARBY* and I.

*Wh-ff-nd* he needs no further Art,  
A perfect Comedian to be,  
And th' *W-ff-nd*'s may both top their Part  
To make *Farr* and *Religion* agree.  
And when in this *sanctify'd Way*,  
We thus have completed a *Band*,  
Whichever becomes of the Play,  
Their Souls will escape being *dama'd*.

For my Part I've found *Old Nick*,  
Who long had bespoke me his own,  
I think I have play'd him a Trick,  
And fairly his Worship have thrown.  
Tho' Scoffers this Change may take ill,  
I'll mend not whom'er can be fond,  
But stick to my Tabernacle  
In this holy Harlequinade.

Then Heav'n's blest fair *Damself*,  
For had she not sought other Game,  
Bemur'd in Sin I'd been fill-a,  
Nor wedded a *Methodist* Dame.  
Tho' Bunters alone have as yet  
The *Methodist* Principles known,  
Now I the Example have for,  
We soon shall draw in the whole Town.

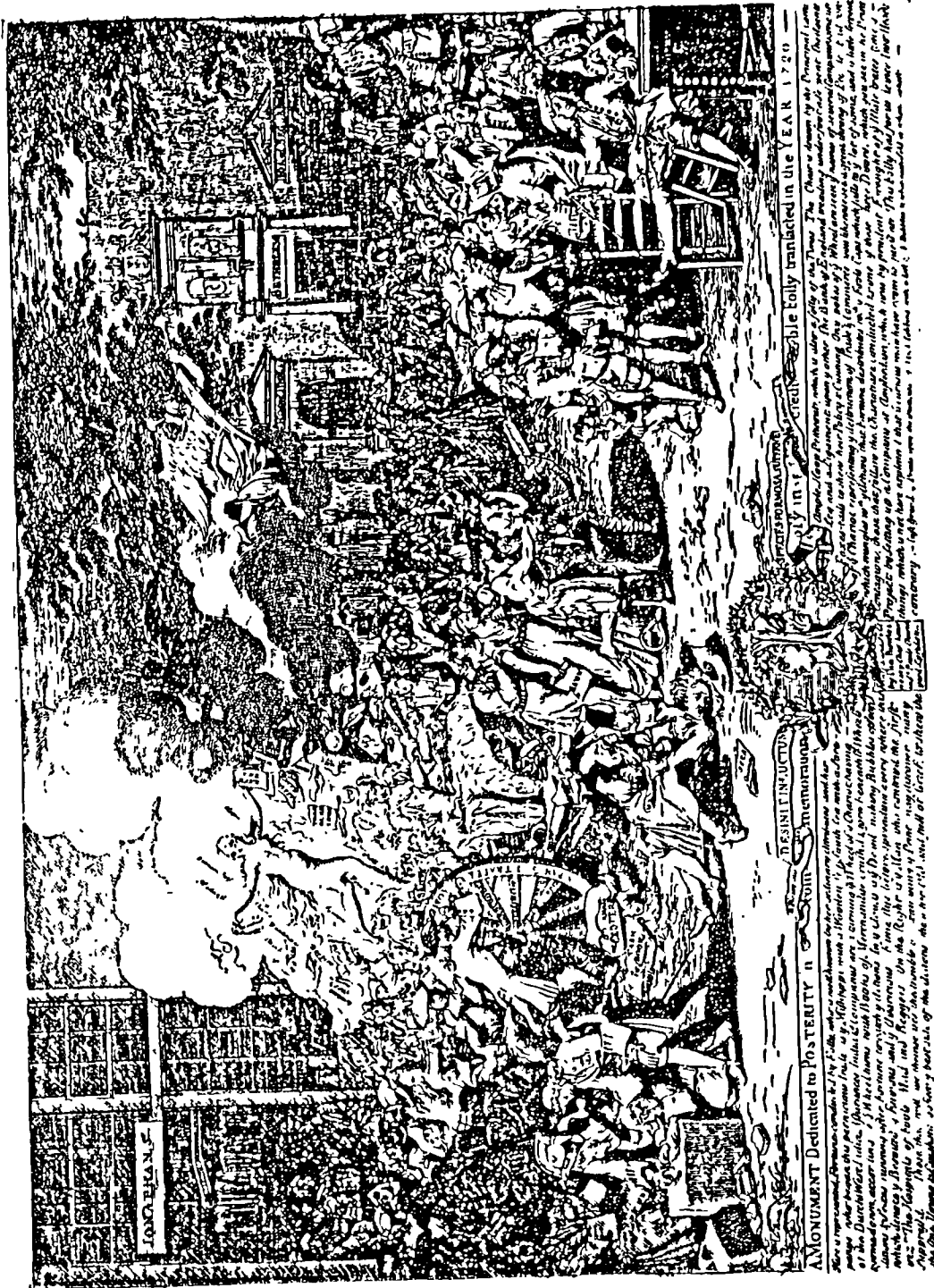
How sweet it will be in the News,  
Instead of Box, Gall'ry and Pit,  
To read what's the Price of my Pews  
For Lords that are *Corrups* on fit;  
The Ladies who flattered before  
In Hoops, Socks, and proud *Salicams*,  
Will crowd about ev'ry Door,  
To see who can first come to Pray'n.

To G—rr—d my *Ragins* I'll *Spoke*,  
And hope she will bring him much Grace;  
He shall have my Right in the House,  
Provided our Faith he'll embrace.  
That when of one Stage he is tired,  
The *Methodist* Stage he may wind,  
Oh! how he will then be admired,  
For playing in Great *W-ff-nd*'s a Second.

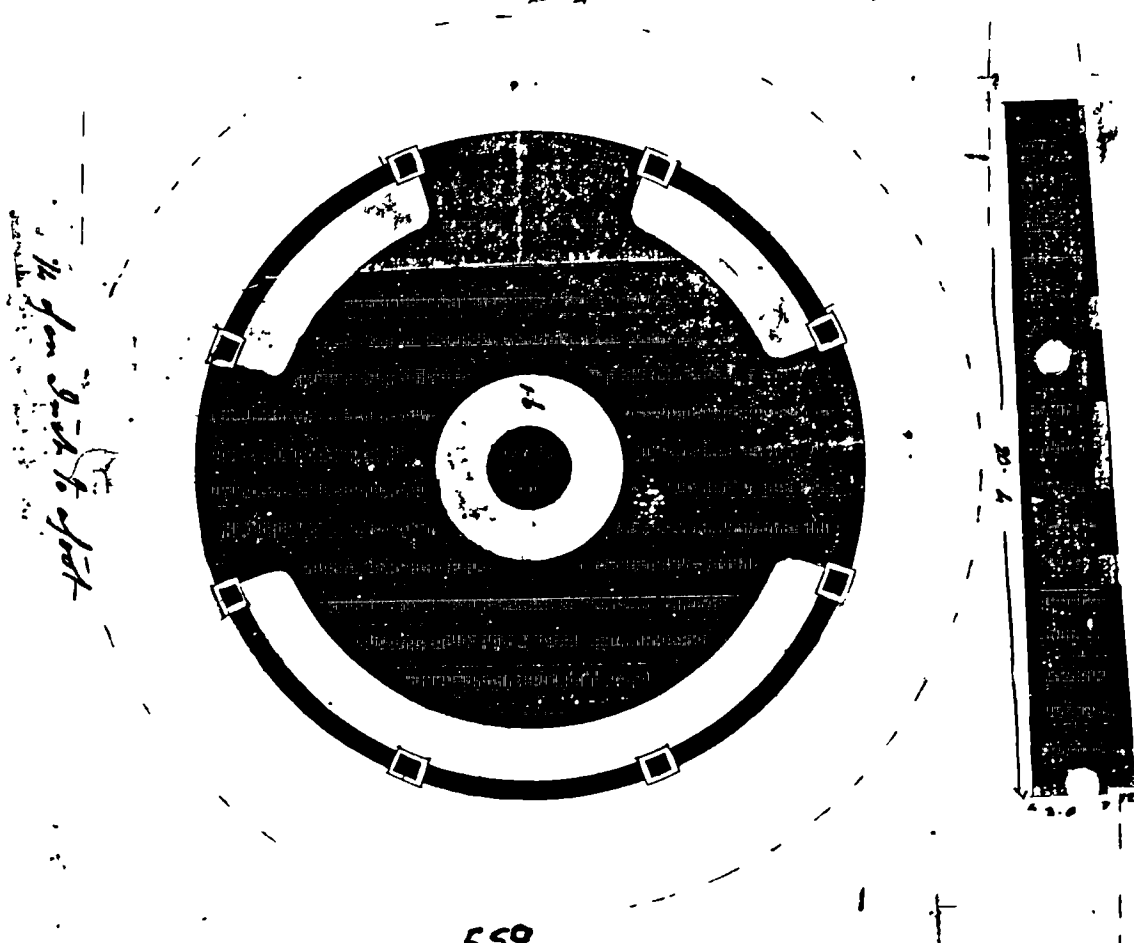
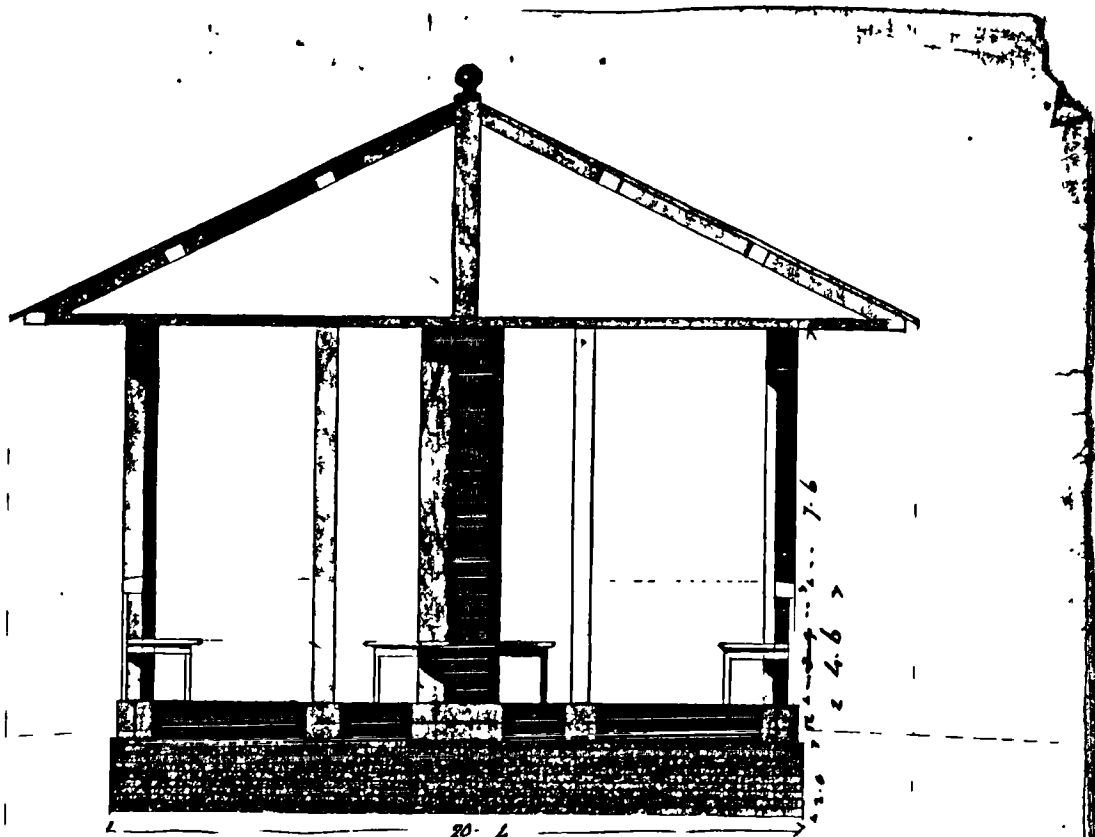
Sold at the Print and Pamphlet Shops, (Price Six-Pence.)

Appendix 2c

Appendix 2d Jonathan's, the House of Fools, Bethelam,  
the House of Beggars and the South Sea Bubble  
1720. Published by Bowles. (Reproduced from  
Beresford Chancellor's, The Eighteenth  
Century in London (London, Batsford, 1920))



Appendix 3a(i) George Dance's (?) plan of a covered seat for  
the airing ground at St. Luke's Hospital, c1790



Appendix 3a(ii) Carpenter's estimate of the expense of erecting  
the covered seat, 5 Nov. 1790

Estimate of erecting a seat to the King's Ground at St. Luke's Hospital	
32	Cubic Stone Lateral front be 9 11 9
95	feet Reduced Brickwork 3 2 —
300	White deal floor oak floor 9 — —
90	Cubic feet of sawdust — 9 16 —
560	3/4. Cover board & slates — 13 16 —
109	Sum of said said — 1 9 —
296	1/2 deal seats & boarding 7 7 6
99	D. Glazed Circular — 2 9 6
	1 Stone Base with beams to seats — 1 — —
100	1/2 of paint — 2 10 —
	deposits & clearing away Rubber — 1 — —
Total — 100 10 0	
Witnessed by	
Peter Dancer of Old Street London Carpenter & Joiner, who is a free & true, in one of the King's Grounds at St. Luke's Hospital in a good workmanlike manner and with good & sound Timber and best Materials and kind agreeable to the will of the said Peter Dancer the said Peter Dancer of Mr. Dancer the said Peter Dancer the said Peter Dancer the said Peter Dancer said Peter Dancer shall require the same and that the same shall be completed within Two Weeks from the date hereof and that the expenses hereof shall be under the sum of Sixty pounds and that the said Peter Dancer do hereby certify November 1790	
Witnessed by	
Peter Dancer	

Appendix 3b : Prices & Composition of Standard Outfit  
of Bedding & Clothing for Bethlem  
Patients, 1749

(Being the usual notice delivered to  
sureties by the hospital after 1749, &  
found amongst loose vouchers belonging  
to the churchwardens of St. Dionis  
Backchurch, London, dated 1763-6)

*At a Court holden at Bridewell, 19 July, 1749.*

Ordered, that Bedding for the Patients in *Bethlem* shall  
be provided by the Steward at the following Prices,

A Bed — 10s. —	Bolster — 3s. —	Rug — 5s. —	18
Blanket — 3s. 6d. —	A Pair of Sheets — 7s. —		10 6
			<hr/>
			1 8 6

That Apparel wanting for the Patients may be provided by  
their Friends; but if not done, upon Notice in Writing  
sent to the two Securities, The Steward shall furnish what  
the Weekly-Committee shall Order at the following Prices;

For MEN.				For WOMEN.			
	<i>l.</i>	<i>s.</i>	<i>d.</i>		<i>l.</i>	<i>s.</i>	<i>d.</i>
A Coat — — —		7		A Baize Gown — — —		9	
Pair of Breeches —		4	6	Petticoat — — —		6	
Shirt — — —		3	2	Shift — — —		3	2
Pair of Shoes — —		3	6	Pair of Shoes — —		2	9
Pair of Stockings —		1	2	Pair of Stockings —		1	
A Cap — — —		0	9	A Cap — — —		0	10
			<hr/>	Handkerchief — —		1	3
			1 0 1				<hr/>
							1 4 0

22/10/01  
 Francis H. Dwyer  
 General Atty.

John Powell

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Know all Men by these Presents that We Abraham Bricebridge of the parish of St. Mary, London Sugar Baker & Philip Shipping of the parish of St. Mary, in. Lethbury London Tailor  
are held and firmly bound to Edward Halloway Esq<sup>r</sup> Treasurer of the Hospital of Bethlehem London in and to be paid  
gradant lawfull Money of five hundred and ten pounds to be paid to the said Edward Halloway or his Assigns or Administrators  
for which payment to be well and truly made We bind our selves and each of them our Executors and Administrators  
Admonistrators firmly by these presents sealed with our Seals Dated this Twenty second day of September in the  
Twentieth Year of the reign of our Sovereign Lord George the Second by the grace of God of Great Britain France  
Ireland King Defender of the Faith &c And in the Year of our Lord One thousand seven hundred & forty Six

Whereas Anna Bold of the parish of St. Michael at Vintria London  
being Lunatick is by the Governors of the Hospital of Bethlehem London at the special Instance and request of the above bound  
Abraham Bricebridge & Philip Shipping — taken into the said Hospital there to remain until it shall please God  
she shall be recovered into her former Senses or until she shall be by the President Treasurer & Physicians or any three of the Governors  
of the said Hospital thought fit to be thence discharged Therefore the condition of this obligation is such that if the said  
Abraham Bricebridge & Philip Shipping — or either of them their or either of their heirs Executors or Administrators  
Do and shall well and truly pay or cause to be paid unto the Treasurer of the said Hospital for the time being the Sum of five hundred  
and sixpence Sterling money Weekly on the Saturday in every Week for so long time as the said Anna Bold  
shall remain in the said Hospital and also Do and shall take provide and receive again the said Anna Bold  
Bald — at such times as the Governors of the said Hospital or any three of them shall Order and direct  
AND during her Continuance in the said Hospital Do and shall find Provide or pay for all such  
Sufficient Apparel of Beds and Bedding for the said Anna Bold — and also for all such  
the said Anna Bold — Do I shall pay the charge of Burial and interment of the said Anna Bold  
Governors thereof and their Heirs and Heirs from any damage or charge that shall or may arise thereby  
Abraham Bricebridge & Philip Shipping — Or one of them do not remove and take away the said Anna Bold  
at such time or times as by the President Treasurer Doctor or Commissioners of the said Hospital shall be directed  
she shall be Ordered to be thence discharged Then if the said Abraham Bricebridge & Philip Shipping  
their or either of their heirs Executors or Administrators Do and shall pay and above the Weekly Sum of five hundred  
& sixpence before mentioned well and truly pay or cause to be paid unto the Treasurer of the said Hospital the Sum of  
Sum of Twenty Shillings Sterling money Weekly on the Saturday in every Week for so long time as the said Anna Bold  
shall remain in the said Hospital after she shall be Ordered to be thence discharged as before said  
also pay or cause to be paid unto the Governors of the said Hospital All such money as shall be due unto her or  
require for the Cure of any wound which the said Anna Bold — had on her Body at the time when  
the said Hospital Then this obligation to be void but if be made in any of the Cities of London

iled and Delivered (the Paper being Stamp)  
with Sixpenny Stamp in the Presence of

Ra. Leigh  
the mark of  
them X Morgan

Ab. Bricebridge

Philip Shipping

KNOW all Men by these Presents, That we *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London*

are held and firmly bound to *Richard Clark Esq<sup>r</sup> Alderman Treasurer of the Hospital of Bethlem, London*, in Two Hundred Pounds of lawful Money of Great-Britain, to be paid to the said *Richard Clark* or his certain Attorney, Executors or Administrators; for which Payment to be well and truly made, We bind ourselves and each of us, and our and each of our Heirs, Executors and Administrators, firmly by these Presents. Sealed with our Seals, Dated this *seventeenth* Day of *October* in the *Twenty* month Year of the Reign of our Sovereign Lord *George the Third* by the Grace of God, of Great-Britain, France and Ireland, King, Defender of the Faith, &c. And in the Year of our Lord, One Thousand Seven Hundred and *Eighty Nine*

WHEREAS *Henry Bayly* <sup>of the Parish of Brotham</sup> *being deem'd an Incurable Lunatick*, is, by the Governors of the Hospital of Bethlem, London, at the special Instance and Request of the above bound *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* taken into the Part of the Hospital appropriated for Incurables; there to remain until it shall please God *he* shall be recovered into *his* former Senses, or until the President, Treasurer, or three of the Governors of the said Hospital, shall Order *him* to be thence discharged. Therefore, The Condition of this Obligation is such, that if the said *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* or either of them, their or either of their Heirs, Executors, or Administrators, DO and shall take, provide for, and receive again the said *Henry Bayly* at such Time as the President, Treasurer, or any three of the Governors of the said Hospital shall Order *him* to be thence Discharged. And during *his* Continuance in the said Hospital, do and shall well and truly pay, or cause to be paid unto the *Treasurer of the said Hospital* for the Time being, the Sum of Five Shillings Sterling Money Weekly, on the *Saturday* in every Week, for so long Time as the said *Henry Bayly* shall remain in the said Hospital, and also do and shall find, provide or pay for, all Manner of necessary and sufficient Apparel for the said *Henry Bayly* And also in Case of the Death of the said *Henry Bayly* do and shall pay the Charge of Burial, and indemnify the said Hospital, and the Governors thereof, and their Stock and Fund from any Damage or Charge that shall or may arise thereby. And in Case the said *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* or one of them, do not remove and take away the said *Henry Bayly* at such Time as by the President, Treasurer, or any three of the Governors of the said Hospital for the Time being, *he* shall be Ordered to be thence discharged. Then if the said *Samuel Goodrich of the Parish of St. Mary leke Cheap in the City of London* or either of them, their or either of their Heirs, Executors or Administrators, do and shall over and above the Weekly Sum of Five Shillings before mentioned, well and truly pay or cause to be paid unto the Treasurer of the said Hospital for the Time being, the Sum of Twenty Shillings Sterling Money Weekly, on the *Saturday* in every Week, for so long Time as the said *Henry Bayly* shall remain in the Hospital, after *he* shall be Ordered to be thence Discharged as aforesaid, Then this Obligation shall be void. But if Breach shall be made in any of the Clauses aforesaid, the same shall remain in full Force.

Sealed and Delivered (being first duly Stamp'd) in the Presence

*of Peter Almon*  
*Steward*

*Samuel Goodrich*

*Samuel Goodrich*

Appendix 6d Bond for Henry Bailey's support, as an incurable patient, dated 1789

*To have a proper Petition and Certificate in Order to get Patients into Bethlem-Hospital.—  
It is necessary to know the following Particulars.*

- I. **T**HE Patient's Name and Age—whether married, and how many Children—  
and what He or She did for a Livelihood, when sensible?
- II. How long distracted, and whether ever so before—and if strong enough to take  
Physick?
- III. Whether Melancholy or Raving, and has attempted to do any Mischief?
- IV. Place of the Patient's last legal Settlement—and how many Churchwardens and  
Overseers of the Poor there are in the Parish?
- V. Some of the Parish Officers, or some Relation or Friend of the Patient, is to pe-  
tition on His or Her Behalf.

*N. B. A Mope, or one troubled with Fits, is not a proper Object of the Charity.*

The above Particulars being answered, a Petition will be drawn at the Clerk's Of-  
fice, at *Bridewell Hospital (to be Signed by a Governor)* and the Form of a *Certificate*,  
which is *to be Signed and Sealed* by the Churchwardens and Overseers of the Poor (of  
the Parish where the Patient's Settlement is) in the Presence of *two Witnesses*, One of  
whom must make Oath of the due Execution thereof, before two Justices of the  
Peace for the County, or Place, who are to allow the same, under their Hands,

When the Petition and Certificate are returned, they will be laid before the Com-  
mittee at *Bethlem Hospital*, who (sit there *only on Saturday Mornings*, from Ten to  
Eleven o'Clock and) will make an Order as soon as there is a Vacancy, for the Patient  
to be brought to be Viewed and Examined by them and the Physician, and to be then  
admitted, if a proper Object, that is Poor and Mad.

But the Patient must not be brought up, till such an Order is made—and *three  
Days* before the Time appointed for the Examination, there must be left at the Clerk's  
Office, a Note of the Names of two Housekeepers in *London*, or the Suburbs, who  
will be present at *Bethlem Hospital*, at *Ten o'Clock in the Morning*, when the Patient is  
to be admitted, and enter into a Bond of 100*l.* to pay for Bedding and Cloaths,  
during the Patient's Continuance in the Hospital, and to take Him or Her away,  
when discharged by the Committee, and to pay the Charge of Burial, if the Patient  
dies in the Hospital—And some Person should come with the Patient, who can give  
an Account of the Case.

*N. B. No Governor of the Hospital can be Security for any Patient.*

Appendix 6e Particulars for the admission of patients  
to Bethlem, found in Ghall MS 11280/6,  
being a bundle of St. Dionis Churchwardens'  
receipts, dated c1763-7

*It is necessary the following Particulars should be made known for the Admission of Patients into BETHLEM HOSPITAL.*

- I. <sup>*John Crofts*</sup> THE Patient's Name and Age? *38 years*  
*about 100.* *no*
- II. How long distracted?—Whether ever so before?—Whether strong enough to undergo a Course of Physic? *strong*
- III. Whether Melancholy, Raving or Mischievous? *Raving but not mischievous*
- IV. The Patient's present legal Settlement?—How many Church-Wardens and Overseers there are in the Parish?  
*Amesham 2 Church Wardens 2 Overseers*
- Some of the Parish Officers, or some Relation or Friend of the Patient must petition on His or Her Behalf.

Mopes, Persons afflicted with the Palsy, or subject to Convulsive or Epileptic Fits, or such as are become weak through Age or long Illness are not proper Objects of this Charity.

Such Persons as are more than Sixty Years of Age (unless remarkably strong and healthy) and such as have been distracted Twelve Calendar Months, may be admitted from *Lady-Day* to *Michaelmas*, but will not be received from *Michaelmas* to *Lady-Day*.

The above Particulars being answered, a Petition will be drawn at the Clerk's Office at *Bridewell Hospital* (*to be signed by a Governor*) and the Form of a *Certificate*, which is *to be Signed and Sealed* by the Church-Wardens and Overseers of the Poor (of the Parish where the Patient's Settlement is) in the Presence of *two Witnesses*, One of whom must make Oath of the due Execution thereof, before Two Justices of the Peace for the County or Place, who are to allow the same under their Hands.

When the Petition and Certificate are returned, they will be laid before the Committee at *Bethlem-Hospital*, who (sit there *only* on *Saturday* Mornings from Ten to Eleven o'Clock, and) will make an Order as soon as there is a Vacancy, for the Patient to be brought to be Viewed and Examined by them and the Physician, and to be then admitted, if a proper Object.

But the Patient must not be brought up, till such an Order is made—And *three Days* before the Time appointed for the Examination, there must be left at the Clerk's Office, a Note of the Names of *two* House-keepers in *London*, or the Suburbs, who will be present at *Bethlem Hospital* at *Ten o'Clock in the Morning*, when the Patient is to be admitted, and enter into a Bond of *£100.* to pay for Bedding and Cloaths, during the Patient's Continuance in the Hospital, and to take Him or Her away when discharged by the Committee, and to pay the Charge of Burial, if the Patient dies in the Hospital.—And some Person should come with the Patient, who can give an Account of the Case.

N. B. *No Governor, no Officer or Servant of the Hospital can be Security for any Patients.*

Appendix 6f Particulars for the admission of patients to Bethlem, found at BRHA, c1777. John Crofts was admitted as a curable in 1777 & readmitted as an incurable in 1786

INSTRUCTIONS for the ADMISSION of PATIENTS  
into BETHLEM-HOSPITAL.

ALL poor Lunatics who have not been disordered more than one Year before Admission, and who have not been in any Hospital before, may be admitted at all Seasons, and remain till cured, provided the same be effected within Twelve Months; and all such as have been longer than that Time, may be admitted (at the Discretion of the Committee) from Lady-day to Michaelmas only, when they are to be discharged, unless there be then a Prospect of Cure.

According to the Regulations of the Hospital, Persons in the under-mentioned Situations cannot be admitted, viz. Women with Child; Persons afflicted with the Palsy, Convulsive or Epileptic Fits; such as have become weak through Age or long Illness, Mopes, and Idiots; those who are blind, or so lame that they are obliged to use a crutch or wooden leg; and such as are infected with the Venereal Disease or Itch.

The Petition which accompanies these Instructions must be FAITHFULLY filled up, according to the Directions contained in the Margin of it, and signed either by the Parish Officers, or by such Relation or Friend as may apply on the Patient's Behalf.

The Certificate of Settlement must also be signed and SEALED by the Church-wardens and Overseers of the Poor of the Parish where the Patient's Settlement is, in the Presence of Two Witnesses, who must sign the Attestation thereof, and add their Residences, and One of them must then make Oath of the due Execution thereof, before Two Justices of the Peace for the County or Place, who are to allow the same under their Hands, according to the Forms on the third side of this Sheet.

The Certificate of Insanity must be signed by some Physician, Surgeon, or Apothecary, (who has visited the Patient) in Presence of the same Two Witnesses, who must sign the Attestation thereof, and add their Residences pursuant to the Form on the third Side, and One of them must also make Oath to the same, before the two Justices of the Peace.

When the Petition and Certificates are returned, they will be laid before the Committee at Bethlem Hospital, who sit there only on Thursday Mornings at Ten o'Clock, and who will make an Order as soon as there is a Vacancy, for the Patient to be brought to be viewed and examined by them and the Physician, and to be then admitted, if a proper Object.

But the Patient must not be brought up, till such an Order is made.—And one week before the Time appointed for the Examination, there must be left in the Lodge of Bridewell Hospital, Blackfriars, a Note of the Names of Two Housekeepers, in London or the Suburbs, who must be present at Bethlem Hospital, at TEN o'Clock in the Morning precisely; when the Patient is to be admitted, and enter into a Bond of £100, to pay for Clothes, during the Patient's Continuance in the Hospital, and to take Him or Her away when discharged by the Committee; and to pay the Charge of Burial, if the Patient dies in the Hospital.—Patients not sent by Parishes or Public Bodies are admitted free, but those sent by Parishes or Public Bodies pay £3. 3. 0. each on Admission.

It is absolutely necessary that some Person should attend with the Patient, who can give an account of the Case.

N. B. No Governor, Officer, or Servant of the Hospital, can be Security for the Patient.

Appendix 6g Instructions for the Admission of patients  
to Bethlem, c1816 (held at BRHA)

ELEANOR CAMERON

**T**HREE Days before the Patient is brought to *Bethlem*  
to be Viewed, You are to leave in Writing at the  
Clerk's Office in *Bridewell Hospital, Fleet-street* —  
The Names of Two Housekeepers *within London, or the*  
*Suburbs thereof*, with the *particular Places* of their Abode,  
and in *what Parish*, and *what Business* they follow —  
To be Security for the Patient upon Admittance.

*Moldurn*  
*Robt. Alder & Sons Gray's Inn Lane & Andrews*  
*1777*  
*Wm. Cameron & Peter Lower & Smith & John*  
*Surities for Eleanor Cameron*  
*James Springwell*  
*Seale*

Appendix 6h Instruction issued to patients' friends/  
sureties, prior to an admission (dated 1777)

To the <sup>St</sup> Worshipful the President & Treasurer &  
the Worshipful the Governors of the Hospital  
of Bethlem London.

The humble petition of the Churchwardens & Overseers of the Poor  
of the parish of St Mary Woolchurch London on behalf of  
Elizabeth Scottson a Lunatic an Inhabitant in said Parish.

Sheweth

That said Lunatic hath been distracted about a  
fortnight, is raving, outrageous, ungovernable, & very Mischievous,  
but never was distracted before.

That she kept a Turners, Shop in said Parish, till lately,  
by misfortune, she was obliged to leave it.

That she is a Widow, upward of 60 years of Age, & has  
lived forty years, or upward, in said Parish, & was reckoned  
to be in good Circumstances, having kept her misfortune to her  
self, but is miserably poor, & relieved by the Parish allowance  
is capable of taking physick, & an Object of your Charity.

Yours Pet<sup>r</sup> therefore humbly pray your  
Worship, to admit her a patient into your said  
Hospital, in order to her cure.

That your Pet<sup>r</sup> will ever pray &c

Gent<sup>le</sup>.

I desire the said Lunatic may be Admitted a patient  
into Bethlem Hospital if a fit Object

Your humble Serv<sup>t</sup>

To all people whom these presents shall Concern  
London: We the Churchwardens & Overseers of the Poor of the Parish  
of St Mary Woolchurch London do hereby Own & Acknowledge  
that Elizabeth Scottson a Lunatick is an Inhabitant  
legally settled in our said Parish Witness our Hands & Seals  
this 2<sup>d</sup> day of June Anno Domini 1732

Signed & Sealed in the presence of  
of us who have hereunder subscribed our  
names as Witnesses  
The Rector  
John Collins  
Churchwarden  
Overseers.

Dated Austin

London: We two of His Majesty's Justices of the Peace for the said  
City of London do allow of the abovesaid Certificate And  
We do also certify that John Collins one of the Witnesses to  
the said Certificate ratifies & confirms before us that he did see  
the Churchwardens & Overseers whose names & Seals are to the  
said Certificate subscribed & that severally have & Seal  
the said Certificate, & that the names of the said Joseph  
Grecher & John Collins signed as Witnesses attesting the  
said Certificate are of their own proper hand Writing -

Dated the 2<sup>d</sup> day of June Anno Domini 1732.  
June 2<sup>d</sup> Day June 1732  
From nobis  
Edw Bellamy  
W. Miller



Appendix 6k Petition for the admission of Henry Bailey  
as an incurable patient, 1789

To the R<sup>t</sup>. Worshipful the President & the  
Worshipful the Gov<sup>r</sup>. of the Hospital  
Bethlem London

The humble petition of  
Henry Bailey a Lunatic on behalf  
in the Township of Moltam Andrew in the parish of  
Prosbury in the County of Chester.

That said Lunatic is now a patient in Bethlem  
Hospital where all the proper advice & Medicines  
have been given him in order to his Cure they have proved  
ineffectual & in all probability he is incurable

(1789) 2 witnesses proposed for  
Henry Bailey  
Wm. Lloyd, Esq. London at 13, 1789 in 8th St. St. John's Church  
J. St. John's Church - West  
Mr. Lamb Robinson, Gentleman, at Holborn House  
21th above Barn, 1st St. St. John's Church - West  
(Wight) or 1789.  
The said Wm. Lloyd & J. St. John's Church - West  
are witnesses

your pet<sup>r</sup> therefore humbly prays your Hon<sup>rs</sup>  
to admit him as an Incurable patient & is ready  
to comply with your rules & to make such  
deposit as is required on his Admittance.

And your pet<sup>r</sup> will ever pray &c  
I desire  
the said Lunatic may be Admitted as an  
Incurable patient if a fit object  
your humble Serv<sup>t</sup>  
J. Combe

Appendix 61(i) Letter from Sir Charles Mordaunt on  
behalf of Catherine Gazy, resident in  
Coventry, arranging for her admission,  
1765

*Jm*  
I take the Liberty of returning  
to you the Petition & Certificate w<sup>ch</sup> you sent to  
Mr Harley, sign'd & executed.

The Patients Name is Catherine Gazy, about  
34 Years old, married. has five children & she never  
had any other than domestic Employment.

She has been distracted about 7 years, was never so  
before, is strong & very able to take Physick.

She is sometimes melancholy, and at other Times  
raving, in her first melancholy Fit, she cut her  
Throat & has several Times since, alarm'd her  
Husband & Neighbours with apprehensions of her  
doing herself, her children & them mischief.

These particulars I have from an Apothecary of Oxford  
in the Town of Coventry where she now lives.

The Place of her last legal Settlement is Wellbourn  
Parish of w<sup>ch</sup> Parish there is one Overseer & one Church  
warden.

Either of the Parish Officers whose  
Names are to the certificate, or her Husband if that  
is proper may be mention'd as Petitioner.

I shall be much oblig'd to you if you will fill  
up the Petition & obtain the order & inform me of  
it & any other necessary Steps by a Letter directed  
to St. Charles Mordaunt Esq<sup>r</sup> at Watton near  
Kington Warwickshire.

Mr Harley must make  
my Apology for giving you this Trouble, who is at  
present not in the County & Tell me I might  
take this Liberty.

I am &c &c &c humble  
Servant  
Mordaunt

1765  
To the Right Worshipful the President and Treasurer, and  
the Worshipful the Governors of Bethlem Hospital, London.

The Humble Petition of the Churchwarden and Overseers  
of the poor of the parish of Webbsdowne Hastings in the  
County of Warwick on behalf of Catherine Gazy an Inhabitant  
of the said parish a Lunatick

Sheweth That the said Lunatick is a Married Woman about 34 Years  
of Age and has two Children and when sensible her Employment  
was chiefly in taking care of her Family has been distracted  
about Seven Years and never so before has Attempted Mischief  
is strong enough to undergo a Course of physick but poor  
and an Object of Your Charity

Subscribed and sworn to before me this 20th day of October 1765

Your Petitioner humbly prays your Worships to admit  
the said Lunatick  
a Patient into your said Hospital in Order to her Cure.

And your Petitioner will ever pray, &c.

I desire the said Lunatick may be admitted a Patient into  
Bethlem Hospital, if a fit Object.

Ro. Harley

Appendix 6m Petition for the admission of Elizabeth Bagg,  
11 May 1765, who was 'Rejected having the  
the Itch'

To the Right Worshipful the President and Treasurer, and  
the Worshipful the Governors of Bethlem Hospital, London.

The Humble Petition of the Churchwardens and  
Overseers of the poor of the parish of Lambeth in  
the County of Surrey on behalf of Elizabeth Bagg a  
Lunatick

Sheweth

That the said Lunatick is a Widow Woman about  
35 years of Age and when sensible maintained  
by her husband has been distracted about one  
Month never so before is now in a deplorable  
condition and has not attempted any mischief  
is strong enough to undergo a course of physick  
but poor and an Object of your Charity

Your Petitioner humbly prays your Worships to admit  
the said Lunatick  
a Patient into your said Hospital in Order to her Cure.

And your Petitioner will ever pray, &c.

I desire the said Lunatick may be admitted a Patient into  
Bethlem Hospital, if a fit Object.

Rich: Roman

To the Right Worshipful the President and Treasurer, and  
the Worshipful the Governors of Bethlem Hospital, London.

The Humble Petition of *Mariam Cameron* on behalf of his  
wife *Eleana Cameron* of the parish of *Saint Botolph without*  
in the ~~County of Middlesex~~ *County of Middlesex* a Lunatick

*Sheweth* That the said Lunatick is about 27 years of age  
has been Distracted about 7 or 8 Days now so  
before is Raving and Mischivous is Strong  
Enough to undergo a course of Physick but is  
poor and an Object of your Charity —

---

Your Petitioner humbly prays your Worships to admit  
the said Lunatick  
a Patient into your said Hospital in Order to *Recure*.

and your Petitioner will ever pray, &c.

I desire the said Lunatick may be admitted a Patient into  
Bethlem Hospital, if a fit Object.

Appendix 6n(i) Petition for the admission of Eleanor Cameron  
from her husband, William, 1771

To the Right Worshipful the PRESIDENT, and  
the Worshipful the TREASURER and GOVERNORS of the  
Hospital of BETHLEM, LONDON.

The humble Petition of *William Cameron* on Behalf of  
*Eleanor Cameron* a Lunatick

SHEWETH,

THAT the said Lunatick, a Patient in *Bethlem Hospital*, where,  
altho' all proper Advice and Medicines have been given *her* in  
order to *her* Cure, they have proved ineffectual, and in all Probability  
is Incurable.

Your PETITIONER therefore most humbly prays your Worships to  
admit *her* as an Incurable Patient, and is ready to comply with your  
Rules and Orders, and to make such Deposit as is required on  
Admittance.

And your PETITIONER will ever pray, &c.

GENTLEMEN,

I DESIRE the said Lunatick may be admitted as an Incurable Patient,  
if a fit Object.

Your humble Servant,

Appendix 6n(ii) Petition (standard form) for the admission  
of Eleanor Cameron as an incurable, from  
her husband, William, 1777

1775

To the Right Worshipful the President and Treasurer, and  
the Worshipful the Governors of Bethlem Hospital, London.

The Humble Petition of John Hipling Clerk  
Sets forth that Daniel Gardiner Labourer of the  
Parish of Harbury aged 28 years has for six weeks  
past labour'd under an insanity of mind. For some  
time after he was seiz'd, he was quite raving, of late  
he has been in a very dejected melancholy way.  
He never before discover'd any symptoms of Lunacy or  
madness. All the assistance that his Friends could  
give him towards his recovery have hitherto been  
of no service, and as from their low circumstances  
they are totally incapable of taking that cure  
of him which his present situation requires,  
and he himself a male object of Charity - - -

Your Petitioner humbly prays your Worships to admit  
the said Daniel Gardiner - - - a  
Patient into your said Hospital in Order to a Cure.

And your Petitioner will ever pray, &c.

*Mr. The said Daniel Gardiner is of strength?  
Sufficient to undergo a course of Physick?*

*John Hipling*

I desire the said Lunatick may be admitted a Patient into  
Bethlem Hospital, if a fit Object.

*M<sup>r</sup>. Moseley*

To the Right Worshipful the President and Treasurer and  
the Worshipful the Governors of Bethlem Hospital, London.

Inc Ben

The Humble Petition of the Churchwardens and Overseers of  
the poor of the Township of Grevelthorpe in the West Riding of the County of  
York sheweth

That one William Battie, aged about thirty six Years, who  
is legally settled in the said Township, is a Bachelor

That about Six Years ago he had the Misfortune to become  
Melancholy, at intervals saving Mad, and sometimes, he appeared as if  
perfectly in his Senses

That he was first sent at the Expence of the said Township for  
one Year to an House at Brainham in this County where Melancholy  
Persons are kept and taken care of, during that Time he underwent  
Physic and the chastisement of the House and was discharged as incurable

He then was sent for about a Year to the Lunatic Asylum at York and  
as no good could be done for him there and the Township which is a very  
small one, being put to a very large Expence and they finding that he received no  
Relief at York unfortunately took him Home and had him attended but about Michaelmas  
last he got his Liberty through the negligence of his Keeper, and murdered the Keeper's  
Wife and Daughter, since which he first was kept chained and lately sent back to York  
but at present is not an admissible Patient into that Asylum

Your Petitioners humbly pray your Worships to admit  
the said William Battie - - - - - a  
Patient into your said Hospital in Order to his Cure.

And your Petitioners will ever Pray, &c.

Church-Wardens — Edward Dixon Thos. Procter  
Overseers of the poor } Edward Barker & Thos. Procter

I desire the said Lunatick may be admitted a Patient into  
Bethlem Hospital, if a fit Object.

Witnesses

Ralph Horner  
James Swagdale

West Riding of York  
Ralph Horner a subscribing  
Witness, this day made oath  
before us two of His Majesties  
Justices of the Peace for the said Riding  
that he did see the Churchwardens and  
overseers above named duly sign and  
seal this petition 2. Dec: 1783

Thos. Collier



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